**Language Experience and Proficiency Questionnaire (LEAP-Q)**

Marian, Blumenfeld, & Kaushanskaya (2007). The Language Experience and Proficiency Questionnaire (LEAP-Q): Assessing language profiles in bilinguals and multilinguals. Journal of Speech Language and Hearing Research, 50 (4), 940-967.

Adapted for use with children by Sirada Rochanavibhata, Margarita Kaushanskaya, and Viorica Marian, Northwestern University

**LANGUAGE BACKGROUND**

|  |
| --- |
| 1. **Please list all the languages your child knows in order of acquisition (1 – language acquired first):**
 |
| Languages in order of acquisition: | 1.  | 2. | 3. | 4. | 5. |
| Please continue with the language order as it appears in the question number 2. |
| 1. **Please give the age (years and months) when your child began to do the following in each of the languages you previously listed:**
 |
| Indicate languages here: | 1. | 2. | 3. | 4. | 5.  |
| **Started hearing** the language on a regular basis from family members and/or other caregivers |  |  |  |  |  |
| 1. **Please list what percentage of the time your child *currently* *on average* (actively) speaks each language: (*Your percentages should add up to 100%*)**
 |
| List the language(s) here: | 1. | 2. | 3. | 4. | 5.  |
| Indicate percentage here: |  |  |  |  |  |
| 1. **Please list what percentage of the time your child *currently on average* (passively) hears each language: (*Your percentages should add up to 100%*)**
 |
| List the language(s) here: | 1. | 2. | 3. | 4. | 5.  |
| Indicate percentage here: |  |  |  |  |  |
| **SCHOOL HISTORY** |
| 1. **Please list what percentage of the time your child *currently on average* (actively) speaks each language at school: (*Your percentages should add up to 100%*)**
 |
| List the language(s) here: | 1. | 2. | 3. | 4. | 5.  |
| Indicate percentage here: |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. **Please list what percentage of the time your child *currently on average* (passively) hears each language at school: (*Your percentages should add up to 100%*)**
 |
| List the language(s) here: | 1. | 2. | 3. | 4. | 5.  |
| Indicate percentage here: |  |  |  |  |  |
| 1. **Has your child ever had** a vision problem [ ]  , hearing problem [ ] ,

language disability[ ] , or learning disability [ ] ?Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**LANGUAGE(S)** |
| 1. **On a scale from zero to ten, please select your child’s level of proficiency in each language in:**
 |
| List Languages here: |  |  |  |  |  |
| Speaking |  |  |  |  |  |
| Understanding spoken language |  |  |  |  |  |
| Reading |  |  |  |  |  |
| Writing |  |  |  |  |  |
| 1. **On a scale from zero to ten, please select how much the following factors contribute to your child learning of each language:**
 |
| List Languages here: | 1. | 2. | 3. | 4. | 5 |
| Interacting with friends |  |  |  |  |  |
| Interacting with family |  |  |  |  |  |
| Interacting with caregiver |  |  |  |  |  |
| Interacting with teachers |  |  |  |  |  |
| Reading (alone or with caregiver) |  |  |  |  |  |
| Additional Language lessons |  |  |  |  |  |
| TV |  |  |  |  |  |
| Listening to the radio |  |  |  |  |  |
| 1. **On a scale from zero to ten, please select to how extent your child is currently exposed to this language in the following contexts:**
 |
| List Languages here: | 1. | 2. | 3. | 4. | 5 |
| Interacting with friends |  |  |  |  |  |
| Interacting with family |  |  |  |  |  |
| Interacting with caregiver |  |  |  |  |  |
| Interacting with teachers |  |  |  |  |  |
| Reading (alone or with caregiver) |  |  |  |  |  |
| Additional Language lessons |  |  |  |  |  |
| TV |  |  |  |  |  |
| Listening to the radio |  |  |  |  |  |

**Language Experience and Proficiency Questionnaire (LEAP-Q)**

Marian, Blumenfeld, & Kaushanskaya (2007). The Language Experience and Proficiency Questionnaire (LEAP-Q): Assessing language profiles in bilinguals and multilinguals. Journal of Speech Language and Hearing Research, 50 (4), 940-967

Adapted for parent use.

|  |
| --- |
| 1. **Please list the number of years and months your child spent in each language environment:**
 |
| List languages here: | 1. | 2. | 3. | 4. | 5.  |
|  | Years | Months | Years | Months | Years | Months | Years | Months | Years | Months |
| A country where each language is spoken: |  |  |  |  |  |  |  |  |  |  |
| A family where each language is spoken: |  |  |  |  |  |  |  |  |  |  |
| A school where each language is spoken: |  |  |  |  |  |  |  |  |  |  |