SPEAK parent questionnaire

1.General information about the child				
1.1. Last name, First name				
1.2. Date of birth (DD.MM.YYYY, e.g. 01.05.2020)				
1.3. Country of birth				
1.4. Gender \Box male \Box female \Box diverse \Box not specified				
1.5. Please name all the languages the child speaks/understands, no matter how well or how often.				
German: 🗆 Yes 🗆 No				
Additional language 1:				
If applicable, additional language 2:				
1.6. Which language(s) do you think the child feels most comfortable with?				
1.7. Which language does your child speak most often?				
1.8. How many siblings does the child have?				
1.9. The birth order of the child in the family $(1^{st}/2^{nd}/3^{rd} \text{ etc.})$				
2. Early Child Development				
2.1. How old was your child when he/she spoke their first words, regardless of the language? (not "bamababa", but "car", for example).				

_____ years _____ months

2.2. How old was your child when he/she put words together into short sentences for the first time, regardless of the language? For example: "more water", "want milk", "bye daddy".

_____ years _____ months

2.3. Before the child turned four, were you ever concerned about his/her poor language development? Do not include languages that were new to the child at the time.

 \Box Yes \Box No

2.4. Does your child have hearing difficulties?

 \Box Yes \Box No

2.5. Has your child had or has frequent ear infections?

 \Box Yes \Box No

2.6. Has your child been referred for speech therapy treatment?

□ Yes	□ No			
2.7. If yes, why?				
□ Lisp	□ Vocabulary	□ Pronunciation		
□ Stuttering	□ Grammar	□ Language in general	\Box I don't know	

3. Language use

3.1 When did your child first encounter the German language?

When he/she was _____ year(s) and _____ month(s) old

3.2 When did your child first encounter **additional language 1**

(_____)?

When he/she was _____ year(s) and _____ month(s) old

3.3. When did your child first encounter **additional language 2** (______), if applicable?

When he/she was _____ year(s) and _____ month(s) old

3.4. Please tick how often your child encountered the languages before the age of four.

German:

 \Box never \Box now and then $\ \Box$ about half the time \Box often \Box very often

additional language 1: _____

 \Box never \Box now and then \Box about half the time \Box often \Box very often

if applicable, additional language 2: _____

 \Box never \Box now and then \Box about half the time \Box often \Box very often

3.5. How well does your child speak **German** compared **to multilingual children** of the same age who live in Germany and speak the language?

 \Box better than the others \Box as good as the others \Box not as good as the others

3.6. How well does your child speak **additional language 1**(______) compared to **multilingual children** of the same age who live in Germany and speak this language?

 \Box better than the others \Box as good as the others \Box not as good as the others

3.7. How well does your child speak additional language 2

(______), if applicable, compared to multilingual children of the same age who live in Germany and speak this language?

 \Box better than the others \Box as good as the others \Box not as good as the others

4. Parent 1

4.1. Gender \Box male \Box female \Box diverse \Box not specified

4.2. How often do you use these languages with your child at home?

German:

 \Box never \Box now and then \Box about half the time \Box often \Box very often

additional language 1: _____

 \Box never $\ \Box$ now and then \Box about half the time \Box often \Box very often

if applicable, additional language 2: _____

 \Box never $\ \Box$ now and then \Box about half the time $\ \Box$ often \Box very often

4.3. How do you rate your **knowledge of German**?

 \Box no \Box low \Box average \Box good \Box very good knowledge

4.4. What is your highest educational qualification?

 \Box no degree

□ Elementary school

□ Secondary school or similar

□ Vocational training without a university degree

□ University degree

5. Parent 2

5.1. Gender \Box male \Box female \Box diverse \Box not specified

5.2. How often do you use these languages with your child at home?

German:

 \Box never \Box now and then \Box about half the time \Box often \Box very often

additional language 1: _____

 \Box never $\ \Box$ now and then \Box about half the time \Box often \Box very often

if applicable, additional language 2: _____

 \Box never $\ \Box$ now and then \Box about half the time $\ \Box$ often \Box very often

5.3. How do you rate your **knowledge of German**?

 \Box no \Box low \Box average \Box good \Box very good knowledge

5.4. What is your highest educational qualification?

 \Box no degree

□ Elementary school

- \Box Secondary school or similar
- □ Vocational training without a university degree
- □ University degree

6. Family background

6.1. Do any of your child's family members have language difficulties?

(For example: forming correct sentences, finding the right words)

□ Siblings

 \Box Parent 1

 \Box Parent 2

Thank you for your participation!