

EAL Background Information Form

Name of (Child:				
Male / Fer	nale:				
Country of	f Birth:				
Position in	Family (e.g.,	eldest child): .			
Date of Ar	rival in UK (if	applicable):			
Date of Ac	dmission to se	etting:			
Language	used at hom	e:			
Language	used by fathe	er:			
Language	used by mot	her:			
Language	used by othe	rs (e.g., au pai	r)		
Language	used by chil	d and can yo	ur child spe	ak this language well?	
With parent 1:			with parent 2:		
With siblings:			with grandparents:		
With other	family mem	bers:			
Language	spoken betv	veen:-			
Adults in the home::			Siblings between themselves:		
Are there	mother tong	ue reading m	aterials in tl	he home?	
Yes:	No: For		adults:	For children:	
Informatio	on given by:				
Mother	Father	Sibling	Other		
Other rele	evant informa	ation:			

