

University of Delaware Language Research Registry – Child(ren) Information Form*

You may skip any question you do not wish to answer or that makes you uncomfortable.

You may list additional children with the same parents and contact information on the back of this form. All children listed here must also be listed on the consent form.

Parent1 Name: _____ **Parent2 Name:** _____

What is the highest level of schooling you have completed?

Parent1: _____ **Parent2:** _____

Parent1 Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Contact Preference: Email Cell Phone Home Phone

When is the best time to reach you? Morning Afternoon Evening

Separate info for **Parent2 (optional)**? Phone: _____ Email: _____

Address: _____

Child1 Name: _____ **Gender:** _____

Child1 Birth Date: _____ Was the child born on time? YES NO

If *NO*, how many weeks early was s/he born? _____ Dominant hand: Right Left Neither

Has this child been routinely exposed to a language other than English? YES NO

If *YES*, what other language(s)? _____

Child's race (*circle all that apply*):

American Indian/Alaska Native	Black or African American
Native Hawaiian or Other Pacific Islander	Asian White

Ethnicity: Is this child Hispanic/Latino? YES NO

Has anyone ever told you that your child has any of the following (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Language impairment, delay, or disability | <input type="checkbox"/> Hearing loss (any type or severity) |
| <input type="checkbox"/> Intellectual, cognitive, or learning disability (not specific to language) | <input type="checkbox"/> Vision impairment (not corrected-to-typical with glasses/contacts) |
| <input type="checkbox"/> ASD (Autism Spectrum Disorder, including Asperger Syndrome) | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> ADHD (Attention-Deficit/Hyperactivity Disorder) | <input type="checkbox"/> Other reading disability (not dyslexia) |
| <input type="checkbox"/> Neurological impairment (epilepsy, TBI, etc.) | <input type="checkbox"/> Motor disability |
| | <input type="checkbox"/> Other disability |

If *YES*, can you tell us more about that? _____

Child2 Name: _____ Gender: _____

Child2 Birth Date: _____ Was the child born on time? YES NO

If *NO*, how many weeks early was s/he born? _____ Dominant hand: Right Left Neither

Race/Ethnicity (*if different from Child 1*) _____

Has this child been routinely exposed to a language other than English? YES NO

If *YES*, what other language(s)? _____

Has anyone ever told you that this child has a disability (*see list on page 1*)? YES NO

If *YES*, can you tell us more about that? _____

Child3 Name: _____ Gender: _____

Child3 Birth Date: _____ Was the child born on time? YES NO

If *NO*, how many weeks early was s/he born? _____ Dominant hand: Right Left Neither

Race/Ethnicity (*if different from Child 1*) _____

Has this child been routinely exposed to a language other than English? YES NO

If *YES*, what other language(s)? _____

Has anyone ever told you that this child has a disability (*see list on page one*)? YES NO

If *YES*, can you tell us more about that? _____

Child4 Name: _____ Gender: _____

Child4 Birth Date: _____ Was the child born on time? YES NO

If *NO*, how many weeks early was s/he born? _____ Dominant hand: Right Left Neither

Race/Ethnicity (*if different from Child 1*) _____

Has this child been routinely exposed to a language other than English? YES NO

If *YES*, what other language(s)? _____

Has anyone ever told you that this child has a disability (*see list on page one*)? YES NO

If *YES*, can you tell us more about that? _____

***You may complete a secure online version of this form at udel.edu/LanguageRegistry.**

If you use the paper form, please mail it, along with the signed consent form, to:

**Language Research Registry
540 South College Ave
CSCD Department, University of Delaware
Newark, DE, 19713**