PARENT'S QUESTIONNAIRE

Educational Background Collation Tool						
General Information						
First Name and Surname:						
Gender:		Male	Fe Fe	male		
Date of Birth:						
Where was your child born?						
What date did your family come to Cyprus?						
Is the family from a refugee or asylum seeking background?		Yes		No		
Education						
How old was your child when they first went to school?						
Has your child had any long gap how long?	from schoo	1? If yes				
Does your child have any learning about?	ng diffi	culty we sho	ould know			
Which subjects has your child studied in your home country? (Check √ the boxes below)						
Language	Geography			Design and Technology		
Maths	History	History		Religion		
Science	Physic	Physical Education		Languages		
ICT	Arts			My child has attended kindergarten		

Which languages can your child use? Complete the table below:							
Language	Speaking	Reading	Writing				
What level do you think your child has in speaking Greek?							
Good A little None							
What level do you think your child has in reading Greek?							
Good A little None							
What level do you think your child has in writing Greek?							
Good A little None							
Do you speak your first language with your child at home? Yes No							
Do you speak Greek w	ith your child at home?	Yes	No				

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This questionnaire was developed on the basis of the questionnaire proposed by SEGfL (South East Grid for Learning) on its website (https://newarrivals.segfl.org.uk/) as well as the Student Needs Assessment Sheet of a unified Curriculum of Greek as a Second Language (2020).

¹ Το ερωτηματολόγιο αυτό διαμορφώθηκε στη βάση του ερωτηματολογίου που προτείνει ο οργανισμός SEGfL (South East Grid for Learning) στην ιστοσελίδα του (https://newarrivals.segfl.org.uk/) καθώς και του Φύλλου Εκτίμησης Αναγκών του Μαθητή/της Μαθήτριας του νέου ενιαίου Αναλυτικού Προγράμματος Σπουδών της Ελληνικής ως Δεύτερης γλώσσας (2020).