

First Language Data Collection Form

School : _____

Name of Child: _____

Class: _____

To complete the form

Please study the list below and tick one box only to indicate the language of the child named above. Return the form to the school as soon as possible.

Akan/Twi-Fante	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>
Albanian/Shqip	<input type="checkbox"/>	Manx Gaelic	<input type="checkbox"/>
Alur	<input type="checkbox"/>	Ndebele	<input type="checkbox"/>
Amharic	<input type="checkbox"/>	Ogoni (Any)	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	Pahari (Pakistan)	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Panjabi (Any other)	<input type="checkbox"/>
Bosnian	<input type="checkbox"/>	Panjabi (Gurmukhi)	<input type="checkbox"/>
British Sign Language	<input type="checkbox"/>	Panjabi (Mirpuri)	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	Panjabi (Pothwari)	<input type="checkbox"/>
Chinese (Any other)	<input type="checkbox"/>	Pashto/Pakhto	<input type="checkbox"/>
Chinese (Cantonese)	<input type="checkbox"/>	Persian/Farsi	<input type="checkbox"/>
Chinese (Hakka)	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Chinese (Hokkien/Fujianese)	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Chinese (Mandarin/Putonghua)	<input type="checkbox"/>	Romany/English Romanes	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Dutch/Flemish	<input type="checkbox"/>	Serbian	<input type="checkbox"/>
English	<input type="checkbox"/>	Shona	<input type="checkbox"/>
French	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Gaelic/Irish	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Gaelic (Scotland)	<input type="checkbox"/>	Swahili/Kiswahili	<input type="checkbox"/>
German	<input type="checkbox"/>	Swedish	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Tagalog/Filipino	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Kinyarwanda	<input type="checkbox"/>	Welsh/Cymraeg	<input type="checkbox"/>
Kurdish (Any other)	<input type="checkbox"/>	Additional categories	<input type="checkbox"/>
Kurdish (Kurmanji)	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Kurdish (Sorani)	<input type="checkbox"/>	Other Language	<input type="checkbox"/>
Lingala	<input type="checkbox"/>	Please specify _____	<input type="checkbox"/>