



MitKindernlernen.org – Mehrsprachigkeitsberatung.com

Zipfalgasse 2, 85049 Ingolstadt.

Counseling session form – multilingual family

personal data:

last name: _____

first name: _____

address: _____

e-mail: _____

skype name? _____ facetime? _____

marital status: _____

professions practiced: _____

mother tongue of 1st parent: _____

mother tongue of 2nd parent: _____

language of communication between parents: _____

child's name and date of birth : _____

place and country of birth: _____

current care facility of school: _____

questions ahead of counseling session:

Are you working full-time? yes no percentage of part-time: _____

Is your partner working full-time? yes no percentage of part-time: _____

Do you have further children? yes How many? _____ age? _____ no

Since when do you live in Germany? _____

How long are you planning on staying? _____

At which hours can you be contacted? _____

Preferred date(s) and time(s) of session: _____

Do you have questions ahead the session?

We assure that the data above will be treated confidentially and in compliance with the current data protection regulations. You will obtain a confirmation and the chart of fees for a counseling session by our institute.

city, _____
date _____

signatures of parents