

## **Enhancing children's oral language skills across Europe and beyond - A collaboration focusing on interventions for children with difficulties learning their first language**

### **A practitioner survey developed by members of COST Action IS1406**

Dear Colleague,

This practitioner survey has been designed by members of COST Action IS1406 to enable us to document how professionals understand the needs of children with Language Impairment and how those needs are being met across Europe.

The survey should be completed by professionals with a specific responsibility for managing and providing the intervention for children with language impairment.

The survey is designed in four sections. The first is some information about you. The second addresses service delivery issues, the third deals with theoretical considerations, and the fourth deals with social and cultural issues and their relationship to the management of the child with language impairment. Please answer every question. We estimate that the questionnaire should take no more than 30 minutes to complete.

Please remember when filling the questionnaire in, that it is very important that you answer these questions from your direct experience and that **there are no right or wrong answers**.

**The analysis of the data will be entirely anonymous.** The survey has received external ethical approval from the Ethics Committee of Newcastle University in the UK (the University of the Chair of the Management Committee). If you would like a record of this process please ask us.

We are very well aware that definitions matter and that these may differ from country to country. So, we have included some definitions below to show you the focus of the questionnaire. These definitions were agreed by members of the Action.

Thank you for your help in completing this survey.

We will put a summary of the findings of the survey on our Action website <http://research.ncl.ac.uk/costis1406/>

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## Some definitions agreed at the first Management Committee meeting of Cost Action IS1406

### What is language impairment?

Language Impairment (LI) occurs when the child's language skills are judged to be significantly delayed relative to those of children of the same age. This judgement is usually made by means of a combination of formal assessment, observations of linguistic performance and professional judgement. The focus of COST Action IS1406 is the child with difficulties learning their first language and specifically the child with Primary Language Impairment. LI does not occur because a child uses more than one language. A bilingual or multilingual child may experience LI, but this would normally be in each of the languages concerned. The emphasis of COST Action IS1406 is on oral language rather than any alternative or augmentative language systems. LI is often described as being either primary or secondary. By Primary Language Impairment we mean that the cause of the language problem is unexplained (although there may be other comorbid conditions such as behaviour problems, conductive hearing loss, fine motor difficulties, attention problems etc.). Secondary Language impairment occurs when the child's difficulty is associated with a broader condition (e.g. cerebral palsy, Down syndrome, autism spectrum disorder etc.).

### What do we mean by intervention?

Intervention for children identified as having Language Impairment (LI) is a set of practices which are specifically designed to promote language development and/or to remove barriers to participation in society which arise from a child's LI. Assessment of eligibility for intervention includes a combination of standardised assessment (where available), observations of linguistic and communicative performance, and professional judgement. Intervention is usually time limited, with initial assessment to determine eligibility and later assessment to measure the outcome of the intervention. Intervention for children with LI can be delivered by any professional group, but this usually involves input from language specialists. Who these specialists are varies between countries but may include speech and language therapists or teachers, clinical linguists, psychologists or others. Intervention may be carried out directly by the specialist professionals themselves or through proxies such as parents, teachers, or teaching assistants. Intervention for children with Language Impairment can be delivered in a variety of settings: e.g. the home, health provision, early years setting (nursery/school), school or private practices.



## COST Action IS1406 English Version

### SECTION 1: Some information about you.

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This section of the survey focuses on some basic information about you, your qualifications and your work setting.

#### 1. Gender.

#### 2. Age.

- 20-30
- 31-40
- 41-50
- 51-60
- 60+

3. The country you work in (please specify).

4. What is the title of your job?

- Speech and Language therapist/pathologist
- Audiologist
- Special Educator
- Psychologist
- Linguist
- Teacher
- Pedagogue
- Medical Doctor (please specify area of expertise)
- Combination (please specify)
- Other (please specify)

Please specify here if you have selected 'Medical Doctor', 'Combination' or 'Other' .

5. Level of "professional" qualification.

6. Country of graduation.

7. Years of experience with children with language impairment since qualification.

8. What is your native language:

9. Do you consider yourself to be:

- Monolingual
- Bilingual
- Multilingual

10. How many languages do you speak in your professional role?

1

2

3 or more

11. What age group(s) of children do you work with? (Please tick **all** that apply)

- 0-3;11 years
- 4;00-6;11 years
- 7;00-11;11 years
- 12;00-16;11 years
- 17+ years

12. Where do you work when you are treating children with language impairment? (please tick **all** that apply)

- Hospital
- Health clinic/centre
- Nursery/Kindergarten
- School (mainstream)
- School (special)
- Private practice (self-funded)
- Private special education & rehabilitation centres
- Other (please specify)

13. Which sector(s) do you work in? (Please tick **all** that apply)

- Public sector (education)
- Public sector (health)
- Charitable sector
- Private sector
- Private sector funded by the government
- Non-governmental organisations (NGO)
- Other (please specify)



**COST Action IS1406 English Version**

**SECTION 2: Issues regarding intervention delivery**

## **SECTION 2: Issues regarding intervention delivery**

This section of the survey focuses on how services are delivered.

Think of a **one typical child** with LI from your usual caseload for whom you have provided intervention in the last 2-3 months. This could be **direct intervention, where you have** worked with the child yourself **or indirect intervention** such as writing a programme, advising parents or training educators to work with the child.

For all of the following questions we will be asking you to answer them **with this particular child in mind**

## Questions about the child

1a. How old is the child? (report age in years and months, e.g. 3;8)

1b. What type of language impairment does the child have?

- Receptive only
- Expressive only
- Mixed Receptive Expressive

1c. Using your clinical judgement what is the severity of the child's language Impairment?

- Mild
- Moderate
- Severe

1d. What is the child's language background?

- Monolingual
- Bi/Multi-lingual

1e. What (pre)educational provision does the child attend?

- None
- Pre-school/kindergarten or mainstream school
- Pre-school/kindergarten or mainstream with additional specialist provision
- School for children with special educational needs

## Questions about intervention

2. For this particular child how is the intervention funded? (Please tick **any** or **all** that apply)

- Government funded (health)
- Government funded (social services)
- Government funded (education)
- Charity
- Family
- Health Insurance (funded)
- Health insurance (private)
- Practitioner is delivering free of charge (pro bono)
- Other (please specify)

3. For this particular child how is the intervention delivered? (Please tick **any** or **all** that apply)

- Directly** – face to face delivery of the intervention by you
- Indirectly** – other people deliver the intervention which you design and oversee

4. For this particular child where does the **direct** intervention take place? (Contingent on answer in question 3, please tick **any** or **all** that apply)

- Nursery/kindergarten/school – withdrawn from their classroom
- Nursery/kindergarten/school – in their class
- Health care clinic/centre (this could include a hospital or public or private clinic)
- Private practice/private special education (not attached to a health care clinic)
- The child's home
- Residential care home
- Telehealth - long distance healthcare delivered through contact via electronic information and telecommunication technologies (e.g. telephone and/or video-calls)
- Other (please specify)

5. For this particular child is the **direct** therapy delivered: (Contingent on answer in question 3)

- One to one
- In a small Group (2-3)
- In a larger group (4 or more)

6. For this particular child how often does **direct** intervention take place? (Please choose one option)

- Less than 1 x a month
- 1 x month
- 1x per fortnight
- 1 x per week
- 2 x per week
- 3-5 x per week

7. For this particular child – how long does each **direct** intervention session last?

8. For this particular child is there a maximum number of sessions you can provide?

9. If yes – how many sessions in total?

10. If the intervention is delivered **indirectly** who works with the child? (Please tick **any** or **all** that apply)

- Parent/carer
- Teacher
- Teaching Assistant
- Special Education Practitioner
- Other (Please specify)

11. For this particular child where does the **indirect** intervention take place? (Please tick **any** or **all** that apply)

- Nursery/kindergarten/school – withdrawn from their classroom
- Nursery/kindergarten/school – in their class
- Health care clinic/centre (this could include a hospital or public or private clinic)
- Private practice (not attached to a health care clinic)
- The child's home
- Residential care home
- Telehealth - long distance healthcare delivered through contact via electronic information and telecommunication technologies (e.g. telephone and/or video-calls)
- Other (please specify)

12. For this particular child is the **indirect** therapy delivered? (Please tick **any** or **all** that apply)

- One to one
- In a small group (2-3)
- In a larger group (4 or more)

13. For this particular child how often does **indirect** intervention take place? (Please choose **one** option)

14. For this particular child –how long does each **indirect** intervention session last? (Please choose **one** option)

15. For this particular child have you used any of the following digital technology as a tool for delivery of the intervention activities in direct or indirect intervention? (Please tick **any** or **all** that apply)

No, I don't use digital technology

Smartphone

Tablet

Laptop/computer

Other (please specify)



## COST Action IS1406 English Version

### SECTION 3: Theoretical considerations

## SECTION 3: Theoretical considerations

This section of the survey focuses on the way that you make decisions when planning and carrying out intervention, and the theories that underpin those decisions. The options were suggested by members of Action IS1406 and we do not expect them all to be relevant to everyone responding to the survey.

1. In general, when making decisions about interventions, how often do you consider the theory behind them?

2. Indicate, in terms of your overall workload (time devoted), the proportion of time you devote to working with children of each of these ages, irrespective of their condition or disorder:

Under 3 years old

3 to 5 years old

6 to 12 years old

13 to 18 years old

If you do not work with a certain group, indicate 0%

In section 2 above, we asked you to think of a **one typical child** with LI from your usual caseload for whom you have provided intervention in the last 2-3 months. This could be **direct intervention, where you have** worked with the child yourself **or indirect intervention** such as developing an intervention programme to be delivered by a parent/teacher/assistant, advising parents or training educators to work with the child.

For all of the following questions we ask you to answer them **again with this particular child in mind.**

3a. Name the main intervention approach (ranging from child-centred, to hybrid, to clinician-centred), you used for his/her language difficulty?

3b. Why did you choose this intervention approach?

4. Continue to think about this child. Review each of the following statements about the factors that influenced your decision-making when you chose the intervention for him/her. For each statement, select a point that most closely reflects how often this factor influences your decision-making.

	Not at all	Rarely	Sometimes	Always
The scores the child receives on a standardised formal assessment of language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variability of the activities in an intervention session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well the intervention will suit the child's profile of needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The parent(s)/child's preferences about intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessments and information about the child's learning and memory profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My understanding of the reasons for the child's language problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learn from watching the parent/carer and child interacting with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of intervention sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My familiarity with and training in the intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Rarely	Sometimes	Always
Variability of the materials available for a specific goal (a word, a rule)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of an intervention session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether I think that the intervention will work for this child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge of how a particular intervention works to change a language difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The scientific evidence supporting the intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ability to provide the intervention in the place where I work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of intervention sessions (twice/ once a week, once a month...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial constraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expertise and opinion of my colleagues about intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I learned from watching the child playing/with his/her friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The results/findings of my analysis of the child's language sample	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of feedback usually used with this particular intervention (e.g., verification, corrective, try again, elaborative)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How soon after the child's response you provide feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time frame available to deliver the intervention (over two months, six months, school-term etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Qualitative examination of the child's errors and responses on a standardised assessment of language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Again, **for this particular child**, please indicate whether you have used or are using the following strategies or approaches in your intervention. For each statement, select a point that most closely reflects how often you use the strategy or approach in intervention with that child. Again the options were

suggested by members of Action IS1406 and we do not expect them all to be relevant to everyone responding to the survey. If you are not familiar with the term (it may not be used in your country, for example) just tick the box saying "Don't know". **If you wish to know more about some of these techniques/strategies, please find descriptions of these below.**

	Don't Know	Never	Occasionally	Often	Always
Behaviour modification approaches	<input type="radio"/>				
Sensori-motor approaches	<input type="radio"/>				
Linguistic modelling/facilitation to support implicit learning of language	<input type="radio"/>				
Explicit teaching	<input type="radio"/>				
Strategies to develop understanding of social situations	<input type="radio"/>				
Milieu teaching approaches	<input type="radio"/>				
Comprehension monitoring	<input type="radio"/>				
Scaffolding in intervention	<input type="radio"/>				
Enhancement of the frequency and quality of content in the input of the child	<input type="radio"/>				
Cueing hierarchies	<input type="radio"/>				
Strengthening of phonological/semantic/syntactic/morphological/ pragmatic representations	<input type="radio"/>				
Development of social skills	<input type="radio"/>				
Teaching the child to use compensatory strategies	<input type="radio"/>				
Oro-motor approaches	<input type="radio"/>				
Embedding of intervention and changes in the environment in an ecological approach	<input type="radio"/>				
Development of conversational skills	<input type="radio"/>				
Development of meta-pragmatic awareness	<input type="radio"/>				
Phonological contrast approaches	<input type="radio"/>				
Training of parent-child interaction	<input type="radio"/>				
Interaction based therapy (i.e. not involving parent training in parent-child interaction)	<input type="radio"/>				
Metalinguistic approaches	<input type="radio"/>				
Working memory intervention	<input type="radio"/>				
Specific illustrative materials to teach language rules? (e.g., pictures, movies)	<input type="radio"/>				
Drilling	<input type="radio"/>				

	Don't Know	Never	Occasionally	Often	Always
Reinforcement schedules	<input type="radio"/>				
Focused stimulation	<input type="radio"/>				
Conversational recast intervention	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

If selected 'Other', please specify

## TECHNIQUES/STRATEGIES IN INTERVENTION

**Milieu teaching:** Incorporates operant principles, such as reinforcement and shaping, in semi-natural settings using different techniques. Common principles include arranging the environment (e.g. so that the things the child wants can be seen but are out of reach) and responsive interaction (recognising and responding to what the child does verbally or non-verbally). Milieu teaching involves conversation-based contexts (where the adult's actions are contingent on the child's and follow the child's interests and initiations in order to provide modelling and prompting).

**Comprehension monitoring:** Is an approach to supporting children with language comprehension difficulties. It aims to help the child to recognise when they have not understood completely and to learn how to do something about this. For example, the child might learn to ask for something to be repeated or said more slowly.

**Scaffolding:** This describes the process of giving a child structured assistance/help during the intervention and learning interaction, in order to help the child to reach the desired goal. The adult will adjust the amount of help according to the child's needs and the particular learning goal.

**Cueing hierarchies:** These may be used across different interventions. They involve the clinician providing a series of cues to prompt the child to produce the targeted sound/word/phrase/sentence. The cues will usually (though not always) be arranged based on providing the least to most help the child needs to produce the target (e.g. in sentence production, when the child produces an incorrect form ('he kick the ball'), the clinician's first prompt could be a sentence completion clue ('he..?'), followed by a forced choice ('he kick the ball or he kicked the ball?'), then if the child still does not produce correctly, the practitioner provides a model for the child to imitate.

**Focused stimulation:** In this approach, the clinician will provide many models of the target forms in a meaningful communicative context (e.g. play, book reading). The interaction will be arranged so that there are many obligatory contexts for the forms that are being targeted in the intervention.

**Conversational recasts:** Where the child says something and the practitioner responds by expanding what the child says into a different type or more elaborate sentence (e.g. child says 'teddy bed' and the clinician responds with 'oh, teddy is in the bed' or 'is teddy in the bed?').

6. **Overall, in your practice**, is your language intervention influenced by any of the theories listed below? (If you wish to know more about these theories please click on this link: <https://tinyurl.com/y79xtfq9>). For each statement, select a point that most closely reflects how the theory influences your intervention. It is possible that more than one, or perhaps none, of the theories are relevant or related to your day-to-day work, or even that they are not well known in your context. The purpose of this question is to describe whether these “academic” ways of thinking relate to practical interventions.

**DON'T KNOW**, I am not familiar or do not know what this theory is about. 1: My intervention is **NEVER** influenced by this theory, 2: My intervention is **OCCASIONALLY** influenced by this theory, 3: My intervention is **OFTEN** influenced by this theory, 4: My intervention is **ALWAYS** influenced by this theory.

	Don't know	Never	Occasionally	Often	Always
Behaviourist (Skinner)	<input type="radio"/>				
Nativist/Generative grammar (Chomsky; Wexler)	<input type="radio"/>				
Information Processing Theories (Bates; MacWhinney; Saffran et al.)	<input type="radio"/>				
Cognitive constructivist (Piaget)	<input type="radio"/>				
Socio-cognitive (Vygotsky)	<input type="radio"/>				
Constructivist and Usage-based (Goldberg/Tomasello)/ Emergentist (Aslin et al; MacWhinney; Ellman; Hollich et al)	<input type="radio"/>				
Social-interactionist/socio-pragmatic (Ninio; Bruner; Nelson; Clark)	<input type="radio"/>				



**COST Action IS1406 English Version**

**SECTION 4: The social and cultural context of intervention for children with language impairment**

# SECTION 4: The social and cultural context of intervention for children with language impairment

The questions in this section relate to your general practice (and/or to your country when indicated in the question). They do NOT refer to one specific child, or to an "average" or "typical" child in your caseload.

1. Please indicate whether the following factors have an impact on children’s access to services in your country:

	Yes	Somewhat	No	Don't know	N/A
Urban/rural residence	<input type="radio"/>				
Social position	<input type="radio"/>				
Income level	<input type="radio"/>				
Cost for parents	<input type="radio"/>				
Linguistic /cultural community	<input type="radio"/>				
Educational level of parents	<input type="radio"/>				
Regional/geographical variations	<input type="radio"/>				
Other	<input type="radio"/>				

If selected 'Other', please specify

2. In your experience, do cultural differences (such as religious, cultural beliefs, ethnic/linguistic group etc.) have an impact on whether families seek services?

3. Are there families in your country who would prefer a service provider other than an SLT/SLP, or one outside the health or educational system?

Specify who they would seek support from:

4. We are interested in whether, in your country, early preventative interventions which focus on the development of optimal **parent-child interaction** to promote language learning are offered to young children (aged 0 – 4 years) **at risk of language impairment**, perhaps due to social disadvantage and/or other risk factors.

4a. Are there such programs in your country (language and communication may not be the only focus of the program)?

4b. If yes, please list the program(s) and indicate who facilitates them: (e.g Community health nurse, Social Worker, Teacher, Speech/language therapist, other)

1 Program and who facilitates it	<input type="text"/>
2 Program and who facilitates it	<input type="text"/>
3 Program and who facilitates it	<input type="text"/>
4 Program and who facilitates it	<input type="text"/>
5 Program and who facilitates it	<input type="text"/>

5a. For your caseload in general, which family members are typically most involved in services with the child (pick up to 2 choices):

- Mother
- Father
- Grandparents
- Siblings
- Others, e.g. nannies, minders

5b. Are there cultural differences in which family member(s) are most involved in the language intervention?

5c. Are there cultural differences in parents' (or primary caregivers') typical involvement in the language services you provide in terms of:

	Yes	Somewhat	No	Don't know	N/A
Participation in intervention sessions	<input type="radio"/>				
Work on intervention goals at home	<input type="radio"/>				
Help set the goals	<input type="radio"/>				
Are aware of what the goals are	<input type="radio"/>				
Are the primary provider of treatment	<input type="radio"/>				

6. In your experience, do bi/multilingual children receive less in any of the following: (check **all** that apply)

	Yes	No	Sometimes	Don't know	N/A
Services compared to monolingual children (number of sessions)	<input type="radio"/>				
Assessment in their mother tongue if it is not the mainstream language	<input type="radio"/>				
Assessment in the mainstream language only	<input type="radio"/>				
Assessment in the mother tongue only	<input type="radio"/>				
Assessment in both languages	<input type="radio"/>				
Assessment in more than two languages	<input type="radio"/>				
Intervention in their mother tongue (when different from mainstream language)	<input type="radio"/>				
Intervention in the mainstream language only	<input type="radio"/>				
Intervention in the mother tongue only	<input type="radio"/>				
Intervention that targets two/multiple languages	<input type="radio"/>				
Remedial services in school related to bi/multilingualism	<input type="radio"/>				
Other	<input type="radio"/>				

If selected **'Other'**, please specify

7. In your experience, what professionals work on language intervention with bi/multilingual children with language impairment? (Check **all** that apply)

- The same as those who work with monolingual children
- Bilingual/multilingual professionals
- Interpreters/translators
- Professionals from particular language groups
- Don't know
- N/A
- Other (please specify)

8. Are there training opportunities in place in your country for SLTs (or equivalent professionals) who work with bilingual/multilingual children?

9. When a parent(s) can speak their mother tongue and the official language of the country, which language(s) do you recommend they speak to their child with LI at home?

	Never	Sometimes	Most of the time	Always
The parent's native language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mainstream language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you work with interpreters when you work with children of a mother tongue you do not speak?

	Never	Sometimes	Most of the time	Always	N/A
In assessment	<input type="radio"/>				
In intervention	<input type="radio"/>				
In counselling	<input type="radio"/>				

11. In your experience, have you noticed differences across cultural groups in these aspects: (Please check **any** that apply)

	Yes	No	Sometimes	Don't know	N/A
Whether the parents/caregivers think that they have a role to play in teaching their children to speak	<input type="radio"/>				
Whether the parents see language development as the responsibility of the parents	<input type="radio"/>				
Whether the parents see language development as the responsibility of caregivers or of school	<input type="radio"/>				
Whether parents think children should be encouraged to talk around adults	<input type="radio"/>				
Whether parents think children's utterances should be responded to	<input type="radio"/>				
Whether parents think children's development should be expected to follow a norm – be similar for all children	<input type="radio"/>				
Whether parents think that deviations in typical development should be addressed through intervention	<input type="radio"/>				

12. Which of these group(s) do you work with? (Please check **any** which apply)

- Native speakers of the mainstream language(s) of your region
- Native speakers of a minority language which you speak
- Native speakers of a minority language which you do not speak

13. How confident do you feel in your skillset in terms of working with the range of cultural and linguistic groups in your practice?

	Not at all confident	Somewhat confident	Confident	Very confident	N/A
Diverse cultural groups	<input type="radio"/>				
Diverse linguistic groups	<input type="radio"/>				

14. What is your linguistic background? Please indicate the number of languages you speak conversationally and sufficiently well to conduct intervention by completing the following table:

	Native language proficiency	Sufficient knowledge to work in the language	Conversational knowledge
Native language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional language 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional language 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional language 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further additional languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE**