

California Association of School Psychologists Cultural and Linguistic Diversity Committee — Bilingual/Bicultural Skills Survey

Name _____ Email Address _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

List the languages, other than English, in which you possess proficiency. Indicate the conversational and writing proficiency in each language.

Language _____

Check the appropriate response:

Bilingual in conversation and verbal translation

Bilingual in writing and written translation

Language _____

Check the appropriate response:

Bilingual in conversation and verbal translation

Bilingual in writing and written translation

Comments: _____

List bilingual/bicultural programs developed or implemented: _____

List Conflict Resolution or other programs aimed at promoting tolerance or racial harmony in which you have experience:

Describe bicultural skills and experiences: _____

PLEASE COMPLETE AND RETURN TO THE CASP OFFICE BY DECEMBER 31, 2000:

1400 K Street, Suite 311, Sacramento, CA 95814

Fax: 916/444-1597