

Linguistic and Cultural Competency Self-Assessment Survey

TALLY SHEET

Participant Information				
What languages do your staff members read and/or speak well? Check all languages that staff members checked and tally the numbers of staff members who speak each language.				
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/>
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Thai	<input type="checkbox"/>
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	<input type="checkbox"/> Urdu	<input type="checkbox"/>
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Vietnamese	<input type="checkbox"/>
<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Client Information				
What languages do your clients use as their primary languages? Check any box marked by survey participants. Make a note of how many participants check each box.				
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	<input type="checkbox"/>
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Thai	<input type="checkbox"/>
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	<input type="checkbox"/> Urdu	<input type="checkbox"/>
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Vietnamese	<input type="checkbox"/>
<input type="checkbox"/> English	<input type="checkbox"/> Laotian	<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
What social, cultural, and special-needs groups does your office serve? Check any box marked by survey participants. Make a note of how many participants check each box.				
<input type="checkbox"/> Adolescents	<input type="checkbox"/> East Indian	<input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/>
<input type="checkbox"/> African American	<input type="checkbox"/> East European		<input type="checkbox"/> Native American	<input type="checkbox"/>
<input type="checkbox"/> Asian Pacific Islander	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Low/Non Literate	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/>
<input type="checkbox"/> Caucasian American	<input type="checkbox"/> Latin/Hispanic	<input type="checkbox"/> Males	<input type="checkbox"/>	<input type="checkbox"/>