



Delaware Nation Cultural Preservation Language Program

Language Survey 2014

Language Survey Objective: Delaware Nation would like to provide a Lenape Language Program that best suites Delaware Nation Citizens and Descendant as well as the Delaware Tribe. Delaware Nation will use your feedback for grant application and for the development of future programs. Survey can be picked up at the Delaware Nation Complex, completed online via Facebook or called in to Nicky Michael, Language Manager or Lauryn French Language Assistant at 405-247-2448 ex 1406.

Personal Information (PLEASE PRINT) Circle the Delaware Tribe or Nation as applicable.		
Name:	Enrolled Member: Delaware Nation or Delaware Tribe Descendant of:	Non-Indian or other Tribe, please list:
How many miles do you live within Delaware Nation Complex?	<input type="checkbox"/> 10 mi	<input type="checkbox"/> 30mi
How many miles do you live from the Delaware Tribe Complex?	<input type="checkbox"/> 150	<input type="checkbox"/> 150+
Do you visit the Anadarko Area regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you visit Bartlesville or Dewey regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you Willing to travel to Anadarko or Bartlesville, OK for a Lenape Language Lesson weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to travel to Anadarko or Bartlesville OK for Lenape Language Event monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Lenape Language Knowledge	
Did you grow up with the Lenape Language in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last generation that used Lenape Language Daily.	<input type="checkbox"/> Yourself <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> GREAT Grandparent <input type="checkbox"/> GREAT GREAT Grandparent
Do you know Conversational Lenape Greetings and Commands?	<input type="checkbox"/> None <input type="checkbox"/> Little (0-10) <input type="checkbox"/> Some(11-30) <input type="checkbox"/> Significant(30)
Are you able to speak the Lenape Language?	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Some <input type="checkbox"/> Significant
Are you able to read the Lenape Language?	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Some <input type="checkbox"/> Significant

Program Development (PLEASE PRINT)	
Would you be inclined to participate in a Delaware Nation Lenape Language Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please place in order of importance to you. *1 representing most importance.	<input type="checkbox"/> Online Class (Time formatted for you to Join other participants) <input type="checkbox"/> Web Lessons(Videos posted to view at your leisure) <input type="checkbox"/> Lenape Language Lessons (Lessons Offered at the Delaware Complex) <input type="checkbox"/> Lenape Language Activity (Once a Month Games, Cooking, Storytelling) <input type="checkbox"/> Lenape Materials (Calendar, Lesson Aids, Games, Books, Handouts)