

HOME LANGUAGE SURVEY

Student Name:			Birth Date:					_ Sex: 🗅 Male 🗅 Female		
Paren	t/Guardian Name:									
Addre	ss:									
Home	Telephone:	Work Te	elephone:							
Schoo	l:	Grade:					_ Dat	ie:		
1.	Was your child born in the United States?				Yes			No		
	If yes, in which state?									
	If no, in what other country?									
2.	Has your child attended any school in the United States for any three years during their lifetime?				Yes			No		
	If yes, please provide school name(s), state, and dates attended									
	Name of School									
	Name of School									
	Name of School					Dates	Allenc	ieu		
3.	What language is spoken by you and your family most of the time	e at home	?							
4.	If available, in what language would you prefer to receive communication from the school?									
5.	Please check if your child is:A. □ Native American IndianC. □ SpanishB. □ GermanD. □ Other									
<u>6.</u>	Is your child's first-learned or home language anything other than	n English?	?		Yes			No		
lf you	responded "Yes" to question number 6 above, please answe	r the foll	owing qu	uesti	ons:					
7.	What language did your child learn when he/she first began to ta	lk?								
8.	What language does your child most frequently speak at home?									
9.	What language do you most frequently speak to your child?		(Father)							
			(Mother)						
10.	 Please describe the language <u>understood by your child</u>. (Check of A. Understands only the home language and no English Understands mostly the home language and some Endition Understands the home language and English equally. Understands mostly English and some of the home language. Understands only English. 	nglish.								
	Parent or Guardian's Signature				D	ate	· · · · ·			

OFFICE USE ONLY							
Student ID #	Date Distributed	Date Received					