



Home Language Survey

Student's Name		Date
Parent/Guardian Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	Home Phone No.
State	Zip	Work Phone No.
School	Grade	

1 Was your child born in the United States? Yes No

If **yes**, in which state? _____

If **no**, in which 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	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

3 What language is spoken by you and your family most of the time at home? _____

4 If available, in what language would you prefer to receive communication from the school? _____

5 Please check if your child is: Native American Indian Alaska Native Native Pacific Islander Native U.S. virgin Islander

6 Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question 6, please answer the questions 7-10. If not, please skip to the bottom and sign and date this form.

7 What language did your child learn when he/she first began to talk? _____

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 **understood** by your child (check only one):

Understands only the home language and no English Understands mostly English and some of the home language.

Understands mostly the home language and some English. Understands only English

Understands the home language and English equally.

Parent/Guardian Signature

Date

Office Use Only		
Student ID#	Date Distributed	Date Received