HOME LANGUAGE SURVEY

Student Name:			Birth Date:					_ Sex: □ Male □ Female		
Parer	nt/Guardian Name:									
Addre	ess:									
Home	e Telephone:	Work Te	lephone:	:						
Scho	ol:	Grade:				D	ate:			
1.	Was your child born in the United States?				Yes		ì 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		ì No			
	If yes, please provide school name(s), state, and dates attend	led:								
	Name of School									
	Name of School									
	Name of School		State _		D	ates Atte	nded			
3.	What language is spoken by you and your family most of the t	ime 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. A Native American Indian B. Alaska Native C. D. D.	Native Pac Native U.S			der					
6.	Is your child's first-learned or home language anything other the	han English?	?		Yes		ì No			
If you	u responded "Yes" to question number 6 above, please ans	wer the foll	owing q	uest	ions:					
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	e?								
9.	What language do you most frequently speak to your child?		(Father))						
			(Mother	·)						
10.	Please describe the language <u>understood by your child</u> . (Checa A. Understands only the home language and no English. Understands mostly the home language and some C. Understands the home language and English equal Understands mostly English and some of the home E. Understands only English.	lish. e English. ally.								
	Parent or Guardian's Signature				Date	 9		_		

OFFICE USE ONLY							
Student ID #	Date Distributed	Date Received					