Madison County Schools
HOME LANGUAGE SURVEY

Student Name:				Birth	Birth Date:		Sex: 🗆 Male 🗅 Female	
Parer	nt/Gua	rdian	Name:					
Addre	ess: _							
Home Telephone:								
School:				Grade:	Date:			
1.	Was	your	child born in the United S	tates?	D No			
	If yes	s, in w	hich state?	If no, in	what other cour	ntry?		
2.	Has your child attended any school in the United States for any three years during their lifetime? 🗅 Yes							
	If yes, please provide school name(s), state, and dates attended:							
			hool					
			hool					
	Name	e of Sc	hool		State	e Dates		
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:							
	A. 🗆 Native American Indian C. 🗅 Native Pacific Islander							
	А. В.		Alaska Native	D. D Native U.S		r		
					-			
6.	Is your child's first-learned or home language anything other than English?							
	If you responded "Yes" to question number 6 above, please answer the following questions:							
7.	What language did your child learn when he/she first began to talk?							
8.	Wha	t langı	lage does your child mos	t frequently speak a	t home?			
9.	Wha	t landi	lage do you most frequer	ntly speak to your ch	nild? (Father)	(Mother)	
lf a la	nguag	e othe	r than English is indicated	for any of the above	questions, the s	chool district will	test your child's	
			proficiency to determine e gram. You will be notified a					
servia	-	n prog	nam. Tou win be nouneu a		ns testing and na	ive the option to a	accept of Teruse	
10.	D. Please describe the language understood by your child. (Check only one)							
	A. 🗆		Understands only the ho	ome language and n	o Enalish.			
			Understands mostly the		-			
	C.	C. Understands the home language and English equally.						
	D. Understands mostly English and some of the home language.				e.			
	E. D Understands only English.							
			Parent or Guardian'	s Signature			Date	
				OFFICE USE	ONLY			
Stud	dent II	D#	D	ate Distributed		Date Received	ł	

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