## **HOME LANGUAGE SURVEY**

Stude	ent Name:	Birth Da		Sex	_ Sex: □ Male □ Female			
Parer	nt/Guardian Name:							
Addre	ess:							
Home	e Telephone:	Work Telephone:						
Scho	ol:	Grade: _				Dat	e:	
1.	Was your child born in the United States?				Yes	۵	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?			۵	Yes	۵	No	
	If yes, please provide school name(s), state, and dates attend	ed:						
	Name of School							
	Name of School							
	Name of School		State _		Da	ates Attend	led	
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.	Native Pac Native U.S.			der			
6.	Is your child's first-learned or home language anything other the	han English?			Yes		No	
If you	ı responded "Yes" to question number 6 above, please ans	wer the follo	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	!		

OFFICE USE ONLY						
Student ID #	Date Distributed	Date Received				