

Home Language Survey

| | Surname/r armily Name | | |
|--|---|---|---|
| | First Given Name of Student: Second Given Name of Student: | | |
| | | | |
| | Age of Student: | Grade Level of Student: | |
| | Teacher Name: | | |
| Directions to | o Parents and Guardians: | | |
| language pr home of each student's proprovide ade As parents of respond to of the name(s) unanswered | roficiency of students. The ch student. The responses oficiency in English should equate instructional program or guardians, your cooperateach of the four questions left of the language(s) that approximations of the language(s) | ation is requested in complying with the listed below as accurately as possible. oply in the space provided. Please do r leting this home language survey, you | anguage(s) spoken in the st in determining if a all in order for the school to ese requirements. Please For each question, write not leave any question |
| • | | rn when they first began to talk? | |
| 2. Which I | language does your child n | nost frequently speak at home? | |
| | language do you (the parer speaking with your child? | nts and guardians most frequently | |
| | language is most often spo guardians, grandparents, c | oken by adults in the home? or any other adults) | |
| _ | and date this form in the s ank you for your cooperation | spaces provided below, then return this on. | form to your child's |
| Signature o | f Parent or Guardian | | |
| Date | | | |
| | | | |