



HOME LANGUAGE SURVEY

Date School Grade
Has the student ever attended a U.S. school before? Yes No
If yes, Date of Entry

Student's Name Date of Birth
First Name Middle Initial Last name M/D/Y

Address
Street City State Zip Code

Phone Number
Phone No. (Home) (Work)

Parent or Guardian's Name
Parent or Guardian First Name Middle Initial Last Name

Parent or Guardian's Native Language

Do you need free translation services to understand school records and/or free interpretation services at conferences in your native language? Yes No

What is the student's country of origin and ethnicity? Country Ethnicity

- 1. Is the student's first-learned or home language anything other than English? Yes (Please continue the survey) No (Stop here and sign below)
2. Which language did your son/daughter learn when he/she first began to talk?
3. What language does your son/daughter speak most often?
4. What language is most often spoken in your home?
5. Other than foreign languages studied in school, what Language(s) does your son/daughter speak?

*If the answer to questions 2-5 is a language other than English, the student may be assessed with the State-designated English language proficiency test to ensure appropriate placement and English language assistance if needed.

Parent/Guardian Signature Date