

Home Language Survey

Dear Parents/Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible education program for your child. Please return this survey as soon as possible.

Student's Name: _____

Age: _____ Birthdate: _____ Grade: _____

1. What language did your child first understand or speak? _____
2. What language do you use most often when speaking with your child at home?

3. What language does your child use most often when speaking with you at home?

4. What language does your child use most often when speaking with other family members?

5. What language does your child use most often when speaking with friends?

6. What language(s) does your child read? _____
7. What language(s) does your child write? _____
8. At what age did your child start attending school? _____
9. Has your child attended school every year since that age? ___Yes ___ No

If no, please explain:

Signature of Parent/Guardian

Date

***If you need this document translated, please contact the school office.**