

Home Language Survey

TO BE COMPLETED FOR ALL NEW STUDENTS	
PARENT/GUARDIAN HOME LANGUAGE SURVEY	
Student's Name	Grade
School	Teacher
Relationship of Person Completing Survey	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i>	

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate

- | | English | Spanish | Other Language(s) |
|--|--------------------------|--------------------------|-------------------|
| 1. What language did the child learn when she or he first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |

SIGNATURE	
Signature of Person Completing Survey	Date Signed
	