

## HOME LANGUAGE SURVEY

*To be completed by any family new to the District where language other than English is primarily spoken in the home.*

### PARENT/GURARDIAN HOME LANGUAGE SURVEY

Student's Name:

Grade:

Relationship of Person Completing Survey

Mother   
  Father   
  Guardian   
  Other, Specify

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

- |   | English                  | Other                           | 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"/>        | _____                          |
| 3. What language does the parent(s) speak to her/his child most of the time?  | <input type="checkbox"/> | <input type="checkbox"/>        | _____                          |
| 4. What language does the child speak to her/his parent(s) most of the time?  | <input type="checkbox"/> | <input type="checkbox"/>        | _____                          |
| 5. What language does the child hear and understand at the home?  | <input type="checkbox"/> | <input type="checkbox"/>        | _____                          |
| 6. What language does the child speak to her/his brothers/sister most of the time?  | <input type="checkbox"/> | <input type="checkbox"/>        | _____                          |
| 7. What language does the child speak to her/his friends most of the time?  | <input type="checkbox"/> | <input type="checkbox"/>        | _____                          |
| 8. Can an adult family member or extended family member speak English?  |                          | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Can they read English?  |                          | <input type="checkbox"/>        | <input type="checkbox"/>       |
| 9. Do the parents/guardians request oral and/or written communication from the school to be in English? If no, what language? _____ |                          | <input type="checkbox"/>        | <input type="checkbox"/>       |

### SIGNATURE

Signature of Person Completing Survey:

Date Signed:

### For Completion by ELL Teacher/Coordinator

**ESL File Opened:**

Yes     No

**ESL Test Date:**

**Today's Date:**

**Test**

**ESL Evaluator:**

**ESL Level:**

**Placement:**