

Home Language Survey

2018-19 Academic Year
Bureau of Indian Education

Student's Name: _____

Instructions

This survey is to be completed by the parent or legal guardian of the student enrolling in this school. Completion of the survey is optional, though it may lead to additional resources or supports being provided to assist in your child's education. Please circle or write the answer requested.

Student Languages

1. What was the first language your child learned?

English

Another Language (list):

2. What language is the one that is primarily spoken by your child in the home?

English

Another Language (list):

3. Do you believe your child might need additional help with English to learn other academic areas such as math, science, reading, or writing?

Yes

No

Adult Languages

4. How many adults live in your home?

5. How many of these adults primarily speak a language other than English in the home?

6. What languages other than English are spoken in the home?

7. Do you or the other adults in your home need translated documents for the school to provide information to you concerning your student?

Yes

No

8. Do you or the other adults in your home require a translator to discuss your student's academic progress with educators at the school?

Yes

No