Home Language Survey
Parent/Guardian Language Questionnaire

Student Name: _____ Age: _____
[first] [middle] [last]

Date of School Entrance _____

Person completing the survey: [ ] Mother [ ] Father [ ] Grandparent

[ ] Guardian [ ] Other _____

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?

   English _____ Other [specify] _____

2. What language does the family speak at home most of the time?

   English _____ Other [specify] _____

3. What language does the parent [guardian] speak to the child most of the time?

   English _____ Other [specify] _____

4. What language does the child speak to his/her parent [guardian] most of the time?

   English _____ Other [specify] _____

5. What language does the child speak to his/her siblings most of the time?

   English _____ Other [specify] _____

6. What language does the child speak to his/her friends most of the time?

   English _____ Other [specify] _____

7. In which language do you wish to receive school communication?

   English _____ Other [specify] _____

Signature: _____ Date:_____
[person completing the survey]

Phone #: _____ _____ _____
[home] [cell] [work]