

HOME LANGUAGE SURVEY

PRINT Student's FULL Name (First Middle Last):

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 do 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 in the home? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. What language does the child speak to her/his brother(s)/sister(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. What is the student's country of origin? | | | _____ |
| 8. What year did your child enter the United States? | | | _____ |
| 9. What year did your child first enter a United States school? | | | _____ |

Please answer the following questions:

1. Are you Hispanic or Latino? (*Select only one*)

- No, not Hispanic or Latino
 Yes, Hispanic or Latino

2. Select all of the following categories that apply to you: (*Select at least one of the following*)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

SIGNATURE

PRINT Name of Person Completing Survey:

Signature of Person Completing Survey:

Date Signed: