

Home Language Survey

Student Information

Student Name: _____

Current Grade: _____

Date of Birth (MM/DD/YYYY): _____

Current Address: _____

Survey Questions

1. List all languages used in the student's home:
2. Was the first language used by the student a language other than English?
 - No
 - Yes
3. Does the student speak or understand a language other than English?
 - No
 - Yes
4. When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English *most of the time*?
 - No
 - Yes
5. When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English *most of the time*?
 - No
 - Yes