

Parent / Guardian Home Language Survey

Student's Name:	Grade (2020-2021):
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Relationship of Person Completing Survey:

Mother
 Father
 Guardian
 Other (Specify) _____

Directions: Check the correct response for each of the following questions and indicate other language 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 in the home? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. What language does the child speak to her/his friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Yes | No | |
| 7. Can an adult family member or extended family member speak English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Can they read English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Signature	
Signature of Person Completing Survey	Date Signed