Home Language Survey

Parents/Guardians,

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students.

Thank you for your help!

Name of Child: _____
First Middle Initial Last

Grade: _____

Age: _____

1. Which language(s) has your child learned to speak? _____
2. What language(s) does your child use most often at home? _____
3. What language(s) are commonly used in speaking with your child? _____
4. Has the student received English as a Second Language (ESL) services? Yes____ No___

Parent/Guardian Signature _____ Date: _____