



# HOME LANGUAGE SURVEY

Date \_\_\_\_\_

Name of School – \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Student \_\_\_\_\_ Male or Female  
(Last Name) (First Name) (Middle Name) (Circle One)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State Country

Name of Parent/Guardian \_\_\_\_\_  
(Last Name) (First Name)

Address \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_

Work Phone Number (\_\_\_\_) \_\_\_\_\_

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**Parents/Guardians: Please answer the following questions**

**1. What was the language your child spoke when he/she learned to speak?**

\_\_\_\_\_

**2. What language does your child most frequently speak at home?**

\_\_\_\_\_

**3. What language do you speak most frequently with your child?**

\_\_\_\_\_

**4. What language do the adults that live in your house speak most frequently?**

\_\_\_\_\_

**5. How long has your child attended school in the United States?**

\_\_\_\_\_

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Signature of Parent/Guardian

Date