

Rogersville City School  
116 Broadway  
Rogersville, TN 37857

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423-272-7790 (Fax)

## Home Language Survey

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_

WHAT IS THE FIRST LANGUAGE THIS CHILD LEARNED TO SPEAK? \_\_\_\_\_

WHAT LANGUAGE DOES THIS CHILD SPEAK MOST OFTEN OUTSIDE OF SCHOOL?  
\_\_\_\_\_

WHAT LANGUAGE DO PEOPLE USUALLY SPEAK IN THE CHILD'S HOME?

Language Spoken: \_\_\_\_\_

WHO SPEAKS THIS LANGUAGE?

\_\_\_ FATHER \_\_\_ MOTHER \_\_\_ EVERYONE

**This form is required to be completed by all students enrolling in Rogersville City School. This form is required by Title 1, the No Child Left Behind Act, Title III, Title VI, and the Office of Civil Rights.**

Amended 8-18-2010