



HOME LANGUAGE SURVEY

Student's Name: _____

School Name: _____

Today's Date: ____/____/____

Student's Age: _____ Student's Birthdate: _____

Country of Birth: _____

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN YOUR HOME?

YES	NO

If the answer is **NO**, stop here.

If the answer is **YES**, please complete the entire survey below.

Which language(s)

- is spoken in the home? _____
- did your student learn first? _____
- does your student speak most frequently at home? _____
- does your student use most often with other children/friends? _____
- would the parent/guardian prefer to get information from the school? _____

How often is ENGLISH spoken in your home?

Please check one ➡

0%-25%	25%-50%	50%-75%	75%-100%

PLEASE CHECK YES OR NO TO EACH QUESTION BELOW	YES	NO
Does the student read in a language(s) other than English?		
Does the student write in a language(s) other than English?		
Has the student received schooling/education in a language(s) other than English?		
Does the student interpret for you or anyone else in a language(s) other than English?		

PLEASE PUT FULL DATES TO THE QUESTIONS BELOW	DAY	MONTH	YEAR
When did your student enter the U.S.A.?			
Has your student ever been enrolled in a school in the U.S.A.? ____ YES ____ NO If yes, please give his/her entry date into a US school for the first time.			

Name, city, and state/country of previous school _____

Last grade level completed by student _____

Nationality of student's parents: Mother: _____ Father: _____

Check if applicable

AT YOUR STUDENT'S PREVIOUS SCHOOL, DID HE/SHE HAVE A	LEP Plan (limited English proficient)	SPED IEP (Special Education)	504 PLAN
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Is there any other information we should know in order to best serve your student?
