

Home Language Survey* Parent/Guardian Language Questionnaire

Name:_				Age:
	[first]	[middle]	[last]	
Date of	School Entrance		_	
Person	completing the survey:	[]Mother []Fat. []Guardian	her []Grandparer []Other	.t
Directi	ons: Check or write in th	e correct response for eac	h of the following questi	ons about your child.
1.	What language did the	child learn when he/she f	irst began to talk?	
	English	Other [specify]		
2.	2. What language does the family speak at home most of the time?			
	English	Other [specify]		
3.	What language does the parent [guardian] speak to the child most of the time?			
	English	Other [specify]		
4.	What language does the	e child speak to his/her p	arent [guardian] most of	the time?
	English	Other [specify]		
5.	What language does the child speak to her/her brothers and sisters most of the time?			
	English	Other [specify]		
6.	6. What language does the child speak to his/her friends most of the time?			
	English	Other [specify]		
7.	In which language do you wish to receive school communication?			
	English	Other [specify]		
	Signature:[person	n completing the survey]	Date:	
	-			
MAIN	OFFICE			