

Home Language Survey Sample

FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS			
ESL File Opened <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date	Today's Date	Test
ESL Evaluator	ESL Level	Placement	

PARENT/GUARDIAN HOME LANGUAGE SURVEY	
Student's Name	Grade
Relationship of Person Completing Survey <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i>	

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate

- | | English | Other | Other Language(s) |
|---|--------------------------|--------------------------|--|
| 1. What language did the child learn when she or he first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. What language does the parent(s) speak to her/his child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. What language does the child speak to her/his parent(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. What language does the child hear and understand in the home? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. What language does the child speak to her/his brothers/sisters most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. What language does the child speak to her/his friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Yes | No | |
| 8. Can an adult family member or extended family member speak English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Can they read English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Do the parents/guardians request oral and/or written communication from the school to be in English? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| | | | If no, in what language |

SIGNATURE	
Signature of Person Completing Survey ➤	Date Signed