



RESOURCE 3.1

Home Language Survey

School Name _____

Address _____

Contact Information _____

Dear Parent/Guardian:

To help your child succeed in school, we ask that you please answer the following questions for each child attending [name of school]. Your answers will help us create the best possible educational program for your child.

Student's Name (Please Print): _____ Date: _____

School: _____ Grade: _____

HOME LANGUAGE QUESTIONS	ANSWERS
1. What language did your child first understand or speak?	
2. What language do you or others use most often when speaking with your child at home?	
3. What language does your child use most often when speaking at home?	
4. What language does your child use most often when speaking with other family members?	
5. What language does your child use most often when speaking with friends?	
6. What language(s) does your child read?	
7. What language(s) does your child write?	
8. At what age did your child start attending school?	
9. Has your child attended school every year since that age? If no, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Would you prefer oral and written communication from the school in English or in your home language?	English <input type="checkbox"/> Home language <input type="checkbox"/> Name of language: _____

Signature of Parent/Guardian: _____ Date: _____

Please return the completed form to the school office.