

Home Language Survey

(As mandated by Federal law – NCLB)

Date: _____ Grade: _____

Enrolling School _____

Name of Student: _____
Family Name Child's First Name Middle Initial

Date of Birth: _____ / _____ / _____ Age: _____
Month Day Year

Place of Birth: _____
City State Country

Name of Parent / Guardian: _____
Family Name First Name

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Is an interpreter needed? Name: _____ Phone: _____

Circle your child's dietary needs: No Restrictions Vegetarian No Pork Products

List Food Allergies _____

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does you son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended schools in the United States? _____
(Including Preschool)

***All students with a second language at home will be assessed for English Proficiency.**