

Home Language Survey Questionnaire

Instructions: Please complete this questionnaire to help us determine the language learning needs of the student. This form is designed to be completed and printed for school records.

Student Information

Student Last Name:

Student First Name:

Student Middle Name:

Date of Birth (Month/Day/Year):

Grade Level:

School Name:

Language Information

1. What was the first language learned by the student?

2. What language does the student speak most frequently at home?

3. What language do you (parents or guardians) use most frequently when speaking to the student?

4. What language is most often spoken by adults in the student's home?

5. In what language do you prefer to receive written information from the school?

Parent or Guardian Signature

Parent or Guardian Name (Please Print):

Parent or Guardian Signature:

Date: