 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Language Survey**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (first) (last)

Grade: \_\_\_\_ Person completing the survey: ೦ Mother ೦ Father ೦ Guardian ೦ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please tell us about your child:**

1. List all languages used in the student’s home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Was the first language used by the student a language other than English?

೦ YES ೦ NO

1. Does the student speak or understand a language other than English?

೦ YES ೦ NO

1. When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English *most of the time*?

೦ YES ೦ NO

1. When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English *most of the time*?

೦ YES ೦ NO

1. Has the student recently moved from another school district where he or she was identified as an English Language Learner or receive ESL services?

೦ YES ೦ NO

1. What language would you prefer to receive written communications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Name (please print) Parent/Guardian Signature (please sign)

Please complete, sign, and submit with registration documents (for the ESL Teacher)