

Roland-Story Community School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female
 Parent/Guardian Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

9. Please describe the language understood by your child. (Check only one)
- A. Understands only the home language and no English.
 - B. Understands mostly the home language and some English.
 - C. Understands the home language and English equally.
 - D. Understands mostly English and some of the home language.
 - E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	