

SCHOOL DISTRICT OF FALL CREEK

PARENT/GUARDIAN HOME LANGUAGE SURVEY

Student's Name	Grade
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Relationship of Person Completing Survey

Mother Father Guardian Other *Specify*

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate

	English	Other <i>Specify</i>
1. What language did the child learn when he/she first began to talk?	<input type="checkbox"/>	<input type="checkbox"/>
2. What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
3. What language do you speak to your child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
4. What language does your child speak to you most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
5. What language does your child hear and understand in the home?	<input type="checkbox"/>	<input type="checkbox"/>
6. What language does your child speak to his/her brothers/sisters most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
7. What language does the child speak to his/her friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
8. Can an adult family member or extended family member speak English?	<input type="checkbox"/>	<input type="checkbox"/>
Can they read English?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you request oral and/or written communication from the school to be in English?	<input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Written If no, in what language?

Signature of Person Completing Survey	Date Signed