

# 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"/>	
	<b>Yes</b>	<b>No</b>	
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"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Written
			If no, in what language?

Signature of Person Completing Survey	Date Signed