

## SUPPLEMENTAL HOME LANGUAGE SURVEY

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent or Guardian,

Please answer these questions to help us meet the academic and language needs of your child. Please sign and return this form to the school. Thank you for your time.

1. What was your child's first language when beginning to talk? \_\_\_\_\_
2. Which languages does your child understand? \_\_\_\_\_
3. What language does your child use the most at home? \_\_\_\_\_
4. Which language is most used in the home? \_\_\_\_\_
5. Has your child been enrolled in English language programs before? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date