

Home Language Survey – Germantown School District

PARENT/GUARDIAN HOME LANGUAGE SURVEY			
Student's Name _____	Parent(s) Name _____	Grade _____	
Relationship of Person Completing Survey <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other, specify: _____			
Directions: Check the correct response for each of the following questions and indicate other languages if appropriate			
	English	Other	Other Language(s)
1. What language did the child learn when she or he 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 does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. What language does the child speak to her/his parent(s) most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Child's place of birth _____			
6. Number of years of education of child outside of U.S. _____			
7. Number of years of education of child in U.S. _____			
	Yes	No	
8. Can an adult family member or extended family member speak English? If yes, which one _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Can they read English?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Do the parents/guardians 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			
Signature of Person Completing Survey ➤ _____			Date Signed _____
Home Phone _____	Cell Phone _____		