



Home Language Survey*
Parent/Guardian Language Questionnaire SY2019-20

Child's Name: [first] [last] Age: Grade entering:

Date of Entry into US (if NOT born here). Date of Entry into any US School (if NOT born here)

Person completing the survey: [] Parent [] Grandparent [] Guardian [] Other

Directions: Check or write in the correct response for each of the following questions about your child.

- 1. What language did the child learn when he/she first began to talk?
English Other [specify]
2. What language does the family speak at home most of the time?
English -OR- Other [specify]
3. What language does the parent [guardian] speak to the child most of the time?
English Other [specify]
4. What language does the child speak to his/her parent [guardian] most of the time?
English Other [specify]
5. What language does the child speak to her/her brothers and sisters most of the time?
English Other [specify]
6. What language does the child speak to his/her friends most of the time?
English Other [specify]
7. In which language do you wish to receive school communication?
English Other [specify]

Signature: Date:
[person completing the survey]

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182