

CLEMENTON ELEMENTARY SCHOOL

Home Language Survey

Student Name: _____ **Birth Date:** _____ **Sex:** M ___ F ___

Parent/Guardian Name: _____

Person completing the survey: () Mother () Father () Grandparent () Guardian

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

1. What language did your 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 ___ Other (specify) _____

3. What language does the parent speak to the child most of the time?

English ___ Other (specify) _____

4. What language does the child speak to his parent (guardian) and siblings most of the time at home?

English ___ Other (specify) _____

5. What language does the child speak to his/her friends most of the time?

English ___ Other (specify) _____

6. Has your child attended any other U.S. School? (circle) YES or NO

If yes, where? _____ How long? _____

7. Date of entry into the United States _____

Parent/Guardian's Signature: _____ **Date:** _____