

Spencer Community School District

HOME LANGUAGE SURVEY

Student Name:

Birth Date:

Sex Male / Female

Parent or Guardian Name:

Address:

Home Telephone:

Work Telephone

School:

Grade:

Date:

Yes or No Was your child born in the United States?

If yes, in which state? If no, in what other country?

Yes or No Has your child attended any school in the United States for any three years during their lifetime?

If yes, please provide school name(s), state, and dates attended:

Name of School

State

Dates Attended

5. What language is spoken by you and your family most of the time at home?

If available, in what language would you prefer to receive communication from the school?

is your child's first-learned or home language anything other than English?

Yes or No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk?

7. What language does your child most frequently speak at home?

What language do you most frequently speak to your child?

(Father)

(Mother)

Parent or Guardian's Signature

Date