

Supplemental Home Language Survey



Child's Name: _____ Date: _____ Grade: _____

School _____

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 survey to the school. Thank you for your time.

1. What language did your child learn when they began to talk? _____
2. What languages does your child understand?
(Please do not include languages learned through
foreign language programs.) _____
3. What language does your child most frequently use at home? _____
4. What language do you use most frequently to speak to your child? _____
5. What is the language spoken most often by the adults in the home? _____
6. What types of language programs has your child participated in
at other schools? _____

Parent or Guardian

Date