HOME LANGUAGE SURVEY
SCHOOL DISTRICT OF FORT ATKINSON

SCHOOL: GRADE: DATE:
STUDENT NAME: DATE OF BIRTH:
ADDRESS: PHONE NUMBER:
BIRTHPLACE OF STUDENT:

Directions: Check the correct response for each of the following and indicate English, Spanish, or other language.

	English	Spanish	Other
1. What language did the child learn when she/he first began to talk?	☐	☐	☐
	If "Other", specify:		
2. What language does the family speak at home most of the time?	☐	☐	☐
	If "Other", specify:		
3. What language does the parent(s) speak to his/her child most of the time?	☐	☐	☐
	If "Other", specify:		
4. What language does the child speak to his/her parents most of the time?	☐	☐	☐
	If "Other", specify:		
5. What language does the child hear and understand in the home?	☐	☐	☐
	If "Other", specify:		
6. What language does the child speak to his/her brothers/sisters most of the time?	☐	☐	☐
	If "Other", specify:		
7. What language does the child speak to his/her friends most of the time?	☐	☐	☐
	If "Other", specify:		

Directions: Check yes or no for each of the following questions:

	YES	NO
1. Can an adult family member or extended family member speak English?	☐	☐
2. Can they read English?	☐	☐
3. Do the parents/guardians request oral and/or written communication from the school to be in English?	☐	☐
4. Do you need an interpreter for parent/teacher conferences?	☐	☐

INFORMATION COMPLETED BY: _____

DATE: _____

(This form should be filed in student's cumulative folder and a copy sent to John Peterson, Director of Pupil Services)

If the parents identify any other language beside English, send copy to building ELL Teacher. The original should be filed in the ELL portion of the student's cumulative folder

(REVISED 10/24/2011)

LA INSPECCION BUSCADORA DEL IDIOMA
EDUQUE EL DISTRITO DE FORT ATKINSON
(Reviso 2011)

La ESCUELA: EL GRADO: La FECHA:

EL NOMBRE del ESTUDIANTE: La FECHA del NACIMIENTO:
La DIRECCION: TELEFONO:
EL LUGAR DE NACIMIENTO DE STUDENT:

Las direcciones: Verifica la respuesta correcta para cada una de las preguntas siguientes e indica otros idiomas si apropia.

	Ingles	**Español**	**Otro**
1. ¿Que idioma aprendió el niño cuando ella o el comenzó primero hablar?	☐	☐	☐
2. ¿Que idioma habla la familia en casa la mayor parte del tiempo?	☐	☐	☐
3. ¿Que idioma hace al padre(s) habla a ella/su niño la mayor parte del tiempo?	☐	☐	☐
4. ¿Que idioma habla el le niño a ella/su padre(s) la mayor parte del tiempo?	☐	☐	☐
5. ¿Que idioma oye el niño y entiende en el hogar?	☐	☐	☐
6. ¿Que idioma habla el niño a su; / sus hermanos / hermanas la mayor parte del tiempo?	☐	☐	☐
7. ¿Que idioma habla el le niño a ella/ sus amigos la mayor parte del tiempo?	☐	☐	☐

If "Other", specify:

Directions: Check yes or no for each of the following questions:

	YES	NO
5. Can an adult family member or extended family member speak English?	☐	☐
6. Can they read English?	☐	☐
7. Do the parents/guardians request oral and/or written communication from the school to be in English?	☐	☐
8. Do you need an interpreter for parent/teacher conferences?	☐	☐

INFORMATION COMPLETED BY: _____

DATE: _____

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