



**HOME LANGUAGE SURVEY  
HUSTISFORD SCHOOL DISTRICT**

PARENT/GUARDIAN HOME LANGUAGE SURVEY		
Student's Name	Date	Grade

**Relationship of Person Completing Survey**

- Mother   
  Father   
  Guardian   
  Other *Specify* \_\_\_\_\_

Does the person completing this survey have any concerns about the child's first language development?

\_\_\_\_\_

**Directions:** Check the correct response for each of the following questions and indicate other languages if appropriate.

- |   | English                      | Other                       | Other Language(s) |
|---|------------------------------|-----------------------------|-------------------|
| 1. What language did the <b>child learn</b> when she/he began to talk?            | <input type="checkbox"/>     | <input type="checkbox"/>    | _____             |
| 2. What language does the <b>family speak</b> at home most of the time?           | <input type="checkbox"/>     | <input type="checkbox"/>    | _____             |
| 3. What language does the <b>child hear</b> and understand in the home?           | <input type="checkbox"/>     | <input type="checkbox"/>    | _____             |
| 4. What language does the <b>child speak</b> to his/her friends most of the time? | <input type="checkbox"/>     | <input type="checkbox"/>    | _____             |
| 5. Can an adult family member or extended family member speak English?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                   |
| 6. Do you want a <b>translator</b> available at school conferences?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                   |

<b>SIGNATURE</b>	
Signature of Person Completing Survey	Date