

Student Services

Home Language Survey

Student's name

Grade

School

Date of Birth

Place of Birth:

City

State

Country

Parent/Guardian

Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Please answer the following questions for ESL Services:

1) What language did your son/daughter speak when he/she first learned to talk? _____

2) What language does your son/daughter use most frequently at home? _____

3) What language do you use most frequently to speak to your son/daughter? _____

4) What language is most often spoken by adults at home? _____

5) Does anyone in your home read English? Yes _____ No _____

Signature of Parent/Guardian

Date

FOR STUDENT SERVICES OFFICE USE ONLY:

1. Language Assessment used _____

Date: _____

Score: _____

2. ESL Placement: _____

School

Date

3. Parent Waiver of ESL Placement: _____

Date Sent

Date Received

School Notification Sent