

North Iowa Community Schools
HOME LANGUAGE SURVEY

Student Name _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
If Yes, is which state? _____
If no, in what other country? _____

2. Has your child attended any school in the United States Yes No
If yes, please provide school name(s), state, and dates attended:
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

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

4. If available, in what language would you prefer to receive Communication from the school?

5. Is your child's first-learned or home language anything other than English? Yes 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?

8. What language do you most frequently speak to your child? (Father) _____
(Mother) _____

9. Please describe the language understood by your child (Check only one)

- A. Understands only the home language and no English.
- B. Understands mostly the home language and some English.
- C. Understands the home language and English equally.
- D. Understands mostly English and some of the home language.
- E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID#	Date Distributed	Date Received	