

Fourth Baptist Christian School



Home Language Survey

Dear Parent/Guardian:

Please complete the Home Language Survey below. Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency. Thank you for your assistance.

Student's Name _____ Date _____ Grade _____

1. English is the *only* language spoken in your home Yes No (if yes, please skip down to #10)

Please check the correct response to each of the following questions and indicate other language if appropriate	Language		
	ENGLISH <i>check if primary</i>	OTHER LANGUAGE	OTHER LANGUAGE(S)
LANGUAGE QUESTIONS			
2. What language did the child learn when he/she first began to talk?			
3. What language does the family speak at home most of the time?			
4. What language does the parent(s) speak to his/her child most of the time?			
5. What language does the child speak to his/her brothers/sisters most of the time?			
6. What language does the child hear and understand at home?			
SCHOOL COMMUNICATION WITH PARENTS			
7. Can an adult family member or extended family member speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Can an adult family member or extended family member read English?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Can the parents/guardians understand oral and/or written communication from the school?	Oral <input type="checkbox"/> Yes <input type="checkbox"/> No Written <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Signature of person completing survey _____

Please print name _____ Date _____

RELATIONSHIP TO STUDENT

Father Mother Guardian Other _____