

School District of Lodi

PARENT/GUARDIAN HOME LANGUAGE SURVEY

Student's Name		Native Country	Language(s)
Relationship of Person Completing Survey <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify) _____		Grade	D.O.B.

Directions: Check the correct response for each of the following questions and indicate what other language(s) if appropriate.

- | | English | Other | |
|--|-------------------------------------|------------------------------------|--------------------------|
| 1. What language did the child learn when she or he first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | Specify:
_____ |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. What language do the parent(s) speak to her/his child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. What language does the child speak to his/her parent(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. What language does the child hear and understand in the home? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. What language does the child speak to his/her brothers/sisters most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. What language does the child speak to his/her friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Can an adult family member or extended family member speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, who? _____ | | | |
| Can the family member read English? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 9. What type of communication with the school do you prefer? | | | |
| <input type="checkbox"/> Written English <input type="checkbox"/> Oral English <input type="checkbox"/> Oral through translator <input type="checkbox"/> Written in Different Language: | | | indicate language: _____ |
| <input type="checkbox"/> Other: _____ | | | |
| 10. How many years has this student lived in the United States? _____ | | | |
| 11. In what month and year did this student start school in the U.S.? Month: _____ Year: _____ Has his/her education been continuous in the U.S. from that time on? _____ How many total years of education (U.S. and native country) does this student have so far? _____ | | | |
| 12. What can you tell us about the child's skills at his/her former school or in his/her native language? | | | |

Signature of Person Completing Survey	Date Signed
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