



Home Language Survey

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child.

1. What language did your child first understand or speak? _____
2. What language do you use most often when speaking with your child at home? _____
3. What language does your child use most often when speaking with you at home? _____
4. What language does your child use most often when speaking with other family members? _____
5. What language does your child use most often when speaking with friends? _____
6. What language(s) does your child read? _____
7. What language(s) does your child write? _____
8. At what age did your child start attending school? _____
9. Has your child attended school every year since that age? ___Yes ___No
10. What year did your child LAST attend school? _____
11. How many years has your child attended school in the United States? _____
12. Would you prefer oral and written communication from the school in English or in your home language? _____

Signature of Parent/Guardian

Date

To be completed by Testing Staff After Placement:

Date /School Enrollment:	Student's First Name:	Age: Grade:
	Student's Family Name:	Birth date:
Relationship of Person Completing HLS: ___ Mother ___ Father ___ Guardian ___ Other, Specify:	Recommendation: ___IPT Testing/Student Records Review ___No ELL Services	Number of Years Student in US Schools:

Testing Staff Signature: _____ Date: _____

Additional Comments (use back if needed):