

School District of Spencer Home Language Survey

		FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS			
ESL File Opened ( ) Yes ( ) No		ESL Test Date	Today's Date		Test
ESL Evaluator			ESL Level	Placement	
		Parent/Guardian Home Language Survey			
Student's Name					Grade
Relationship of Person completing Survey ( ) Mother ( ) Father ( ) Guardian ( ) Other Specify					

**Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.**

- |   | English | Other | Other Language(s)                                |
|---|---------|-------|--|
| 1. What language did the child learn when she or he first began to talk?                                | ( )     | ( )   |  |
| 2. What language does the family speak at home most of the time?  | ( )     | ( )   |  |
| 3. What language does the parent(s) speak to her/his child most of the time?                            | ( )     | ( )   |  |
| 4. What language does the child speak to her/his parents most of the time?                              | ( )     | ( )   |  |
| 5. What language does the child hear and understand In the home?  | ( )     | ( )   |  |
| 6. What language does the child speak to her/his brothers/sisters most of The time?                     | ( )     | ( )   |  |
| 7. What language does the child speak to her/his friends most of the time?                              | ( )     | ( )   |  |
| 8. Can an adult family member of extended family member speak English?                                  | ( )     | ( )   |  |
| Can they read English?  | ( )     | ( )   |  |
| 9. Do the parents/guardians request oral and/or written communication From the school to be in English? | ( )     | ( )   | ( ) Oral ( ) Written<br>If no, in what language? |

SIGNATURE			
Signature of Person Competing Survey			Date Signed