

2019 – 2020 Home (Primary) Language Survey

Date _____

Student _____
(Family Name) (First Name) (Middle Initial)
(on birth certificate)

Grade _____ Gender _____

School _____

Homeroom Teacher _____

1. What is the first language your child learned to speak? _____

2. What language does your child speak most often? _____

3. What language does the parents speak most often? _____

4. What language is most often spoken in your home? _____

5. Besides languages studied in school, does your child speak any language other than English?

Yes _____ No _____ If "Yes", list the language(s) _____

6. Do you, as a parent, speak any language other than English?

Yes _____ No _____ If "Yes", list the language(s) _____