

# Student HOME LANGUAGE Survey

Student's Name \_\_\_\_\_ Date: \_\_\_\_\_

School: Cassville \_\_\_Prim \_\_\_Int \_\_\_MS \_\_\_HS County-District Code: Barry

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Relationship of person completing survey:

\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian Other: \_\_\_\_\_  
(Specify)

Circle the best answer to each question.

1. Was the first language you learned English? Yes No
2. Can you speak a language other than English? Yes No
3. Which language do you use most often when you speak to friends? English Other: \_\_\_\_\_
4. Which language do you use most often when you speak to your parents? English Other: \_\_\_\_\_
5. Which language so you use most often when you speak to other family members? English Other: \_\_\_\_\_
6. Is any language other than English spoken in your home? Yes No
7. Number of years in the United States \_\_\_\_\_

\* If the answer to number 2 is "yes", and other languages are given as answers to numbers 3, 4, or 5, the student's English abilities should be tested. Do we have your permission to test this student's English fluency in the areas of speaking, reading, and writing?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Parent Signature

\* If this test shows that your child would benefit from ELL (English Language Learners) instruction or tutoring, do we have your permission to place this student in the ELL program for tutoring and/or English instruction?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Parent Signature