ELL Program: Home Language Survey

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 quiestions and indicate other languages if appropriate.

	English	Other (Other Languages)
1. What language did the child learn when she/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 parent(s) 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 brother/sisters?	☐	☐
7. What language does the child speak to her/his friends most of the time?	☐	☐

	Yes	No
8. Can an adult family member or extended family member speak English?	☐	☐
9. Can they read English?	☐	☐
10. Do the parents/guardians request oral and/or written communication from the school to be in English? If no, in what language?	☐	☐

Signature	
* Signature of Person Completing Survey	Date Signed

Office Use Only FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS			
ELL File Opened ☐Yes ☐No	Today's Date	ELL Test Date	Test

ELL Evaluator	ELL Level	Placement