

Student Home Language Survey

Student's Name _____ Date _____ School _____ Grade _____

Person Completing Survey: _____ Mother _____ Father _____ Student _____ Guardian _____ Other(specify: _____)

Circle the best answer to each question and provide additional information:

1. Was the first language you learned English? No Yes
2. Can you speak a language other than English? No Yes
3. Is any language other than English used at home? No Yes
4. Which language do you use most often with friends? No Yes
5. Which language do you use most often with your parents? English Other: _____
6. Which language do use most often with other relatives? English Other: _____

7. Have you attended school in a country other than the U.S.? No Yes (How long/what grades: _____)
8. Have you attended another school in the U.S.? No Yes (Where and How Long: _____)
9. Have you attended another school in Missouri? No Yes (Where and How Long: _____)
10. Please provide any other related information that would help the school (for example, referral to Gifted, or Special Education programs in prior schools, etc.):

Note to school staff: This form should be given to all new and enrolling students. Any student that indicates use of a language other than English should be assessed as to English language proficiency. Elaboration on any above answers may be useful before administering detailed tests.