

Edison School District 54jt
14550 Edison Road
Yoder, Co 80864
719-478-2125

Home Language Survey

To Be Completed by Parent of Guardian:

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions and have your child return this form to his/her teacher. Thank you for your help.

Student Name: _____ Date of Birth _____
Last First Middle Mo. Day Yr.

Date: _____

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|---|--|
| 1. Which language did you child first learn to speak? | |
| 2. What language does your child use most often at home? | |
| 3. What language do you most often use to speak to your child? | |
| 4. Does your child understand a language other than English? | |
| 5. Do the adults in your home (parents, grandparents, or any other adults) speak to each other in a language other than English on a regular basis? | |
| 6. If yes, What other language or languages are spoken? | |

If a language other than English has been indicated above, Please continue:

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| Does your child participate in conversations even though he/she might use English? | |
| Does your child understand the conversations? | |

Parent or Guardian Signature

Date

Printed Name