

SCHOOL YEAR / ST. JOHNS COUNTY SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Please Respond
in English

English
Home Language Survey

Student's Name: _____ Date: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Birthdate: _____ Age: _____ Gender: M F

Parent or Guardian's Name: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ State: FL Zip: _____

Home Phone: _____ Work Phone _____ Cell: _____

Please answer all questions below:

1. Is a language other than English used in the home? Yes No
2. Does your child have a first language other than English? Yes No
3. Does your child most frequently speak a language other than English? Yes No
4. What language is the most frequently spoken at home? _____
5. What is the student's country of origin? _____
6. What is your child's country of birth? _____
7. What is your child's state & city of birth? _____
8. What is your child's Date of Entry into the United States? _____
9. Which language did your child learn when he/she first began to talk? _____
10. What language do you most frequently speak to your child? Father: _____
Mother: _____
11. Please describe the language understood by your child. (Please check only one.)
 A. My child understands only the home language and no English.
 B. My child understands mostly the home language and some English.
 C. My child understands the home language and English equally.
 D. My child understands mostly English and some of the home language.
 E. My child understands only English.
12. If available, in what language would you prefer to receive communications from the school? _____

Parent or Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	