

McFarland School District 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 questions and indicate other language, if appropriate.

- | | English | Other | Other Language(s) |
|---|--|---------------------------------------|--|
| 1. What language did the child learn when he or she first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. What language do(es) the parent(s) speak to his/her child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. What language does the child speak to his/her parent(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. What language does the child hear and understand in the home? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. What language does the child speak to his/her brothers/sisters most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. What language does the child speak to his/her friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Can an adult family member or extended family member speak English? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | _____ |
| Can they read English? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Do(es) the parent(s)/guardian(s) request oral and/or written communication from the school to be in English? If no, what language? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| 10. What year did your child enter the United States? | | Year | _____ |
| 11. What year did your child first enter a United States school? | | Year | _____ |

	SIGNATURE	
Signature of Person Completing Survey	Date Signed	

	FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS		
ESL File Opened <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date	Test	Today's Date
ESL Evaluator	ESL Level	Placement	

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