

**Glen Rock Public Schools**  
**Home Language Survey Form**  
**Parent/Guardian Language Questionnaire**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                  [first]                  [middle]                  [last]

Date of School Entrance \_\_\_\_\_ Date of Entrance to United States: \_\_\_\_\_

Person completing the survey: [ ] Mother [ ] Father [ ] Grandparent  
  [ ] Guardian [ ] Other \_\_\_\_\_

Directions: Check or write in the correct response for each of the following questions about your child.

1. What was the first language used by the student?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
2. At home, does the student hear or use a language other than English more than half of the time?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does the student understand a language other than English?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. What language does the child speak to his/her parent [guardian] more than half of the time?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?  
Yes \_\_\_\_\_ No \_\_\_\_\_

7. List home languages spoken.