

GLEN ROCK PUBLIC SCHOOLS



HOME LANGUAGE SURVEY PARENT/GUARDIAN LANGUAGE QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____
(first) (middle) (last)

Date of School Entrance: _____ Date of Entrance to the 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. Do you believe that the student needs ELL services?

Yes _____ No _____

8. List all home languages spoken:
