# Trinity Elementary School
# HOME LANGUAGE SURVEY

Student's Name_____Grade_____
First Name Middle Initial Last Name

Parent or Guardian's Name_____
First Name Middle Initial Last Name

Address_____
Street City State Zip

Phone Number_____
Home Work

1. Is the student's first learned or home language anything other than English? _____Yes _____No

If yes, complete the following questions:

2. What is the student's country of origin? _____

3. What language did your son/daughter learn when he/she began to talk? _____

4. What language does your son/daughter most frequently use at home? _____

5. What is the language most frequently used at home? _____

Please check only one.

_____My son/daughter understand only the home language and no English.

_____My son/daughter understands mostly the home language and some English.

_____My son/daughter understand the home language and English equally.

_____My son/daughter understands mostly English and some of the home language.

_____My son/daughter understands only English.

_____ _____
Parent or Guardian's Signature Date