

Kentucky Department of Education HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
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. What is the language most frequently spoken at home? _____
2. If available, in what language would you prefer to receive communication from the school? _____
3. Please check if your child is:

A. <input type="checkbox"/> Native American Indian	C. <input type="checkbox"/> Native Pacific Islander
B. <input type="checkbox"/> Alaska Native	D. <input type="checkbox"/> Native U.S. Virgin Islander
4. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 4 above, please answer the following questions:

5. What is your child's country of origin? _____
6. Which language did your child learn when he/she first began to talk? _____
7. What language does your child most frequently speak at home? _____
8. What language do you most frequently speak to your child?

	(Father) _____
	(Mother) _____
9. Please describe the language understood by your child. (Check only one)

A. <input type="checkbox"/> Understands only the home language and no English.	
B. <input type="checkbox"/> Understands mostly the home language and some English.	
C. <input type="checkbox"/> Understands the home language and English equally.	
D. <input type="checkbox"/> Understands mostly English and some of the home language.	
E. <input type="checkbox"/> Understands only English.	

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	