Bettendorf Community Schools

HOME LANGUAGE SURVEY

Student Name:			Birth Date:					_ Sex: □ Male □ Female		
Pare	nt/Guardian Name:									
Addr	ess:									
Hom	e Telephone:	Work Te	lephone:							
Scho	ool:	Grade: _					_ Dat	te:		
1.	Was your child born in the United States?				Yes			No		
	If yes, in which state?									
	If no, in what other country?									
2.	Has your child attended any school in the United States for any three years during their lifetime?				Yes		۵	No		
	If yes, please provide school name(s), state, and dates attende	ed:								
	Name of School									
	Name of School									
	Name of School		State _			Dates A	ttenc	led		
3.	What language is spoken by you and your family most of the tir	me at home	?	_						
4.	If available, in what language would you prefer to receive communication from the school?									
5.		Native Pac Native U.S			der					
6.	Is your child's first-learned or home language anything other that	an English?	•		Yes			No		
If yo	u responded "Yes" to question number 6 above, please answ	ver the follo	owing q	uest	ions:					
7.	What language did your child learn when he/she first began to	talk?								
8.	What language does your child most frequently speak at home	?								
9.	What language do you most frequently speak to your child?		(Father)							
			(Mother	·)						
10.	Please describe the language <u>understood by your child</u> . (Check A. Understands only the home language and no Englis B. Understands mostly the home language and some C. Understands the home language and English equal Understands mostly English and some of the home E. Understands only English.	sh. English. Ily.								
	Parent or Guardian's Signature				D	ate				

OFFICE USE ONLY							
Student ID #	Date Distributed	Date Received					