West Fork Community Schools HOME LANGUAGE SURVEY

Student Name		_Birth Date:		Sex:	Male	Female
Paren	/Guardian Name:					
Addre	SS:					
Home Telephone:		_Work Telephone				
Schoo	I:	_Grade:	_ Date:			
1.	Was your child born in the United States? If Yes, is which state?		Yes	No		
2.	If no, in what other country? Has your child attended any school in the U If yes, please provide school name(s), state		Yes	No		
	Name of School Name of School Name of School	State		Dates A	Attended	
3. 4.	What language is spoken by you and your If available, in what language would your pr	family most of the tim	e at home	?		
5.	Is your child's first-learned or home language	e anything other than	English?	Yes	No	
lf y	you responded "Yes" to question number	5 above, please ans	wer the f	ollowing q	uestion	IS:
6.	What 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. Understands only the home language and no English. B. Understands mostly the home language and some English. C. Understands the home language and English equally. D. Understands mostly English and some of the home language. E. Understands only English. 					

Parent or Guardian's Signature

Date

OFFICE USE ONLY Student ID# Date Distributed Date Received 00NCLB-B1 (Rev.04/13 - IA) 2013 TransACT Communications, Inc. 242521