

Please respond
in English

Union County Public Schools
HOME LANGUAGE SURVEY

English
Home Language Survey

Date _____ School _____ Grade _____

Has the student ever attended a U.S. school before? yes no _____
If yes, Date of Entry _____

Student's Name _____ DOB _____
First Name Middle Initial Last Name M/D/Y

Address _____
Street City State Zip

Phone Number _____
Home Work

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

What is the student's country of origin and ethnicity? _____ / _____
Origin Ethnicity

1. Is the student's first-learned or home language _____ Yes (Please continue survey)
anything other than English? _____ No (Stop here and sign below)

2. Which language did your son/daughter learn
when he/she first began to talk? _____

3. What language does your son/daughter speak
most often? _____

4. What language is most often spoken in your home? _____

5. Other than foreign languages studied in school, what
Language(s) does your son/daughter speak? _____

* If the answer to questions 2-5 is a language other than English, the student will be assessed with the State-designated English language proficiency test to ensure appropriate placement and English language assistance if needed.

Parent or Guardian Signature

Date