Paton-Churdan Community School District
Home Language Survey

Student Name_____Birth Date_____Sex: M F

Parent/Guardian Name:_____

Address:_____

Home Telephone_____Cell Phone:_____Work Phone:_____

School:_____ Grade:_____Date:_____

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 No

   If yes, please provide school name(s), state and dates attended:

   Name of School _____ State:_____Dates Attended_____

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3. What Language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other that English? Yes No

If you responded "yes" to question number 5 above please answer the following questions:

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. Understand mostly the home language and some English.
   - C. Understands the home language and the English equally.
   - D. Understands mostly English and some of the home language.
   - E. Understands only English.

_____ _____

Parent/Guardian Signature Date

Date Distributed | Date Received