

Ione School District
Home Language Survey

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
If yes, in what state? _____
If no, in what 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: _____
Name of School: _____ State: _____ Dates Attended: _____
Name of School: _____ State: _____ Dates Attended: _____

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. Please check if your child is:

Native American indian

Native Pacific Islander

Alaska Native

Native U.S. Virgin Islands

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

If you responded "Yes" to question number 6 above, please answer the following questions?

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 understood by your child (check only one)

Understands only the home language and no English

Understands mostly the home language and some English

Understands the home language and English equally

Understands mostly English and some of the home language

Understands only English

Parent/Guardian's Signature

Date