



# Cleveland Heights – University Heights City School District

## Home Language Survey



Date: \_\_\_\_\_ Federal guidelines require that this form be completed for all enrolled students.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (ZIP)

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Please answer the following questions:

1. What language did your child speak when first learning to talk? \_\_\_\_\_
2. What language does your child speak most often at home? \_\_\_\_\_
3. What language do you use most frequently when communicating with your child? \_\_\_\_\_
4. List the language(s), other than English, spoken by your child \_\_\_\_\_
5. List the language(s), other than English, spoken in the home. \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

### If your answer was any language other than English to questions 1-5, please answer the following questions.

6. What is the Parent/Guardian's native language? Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_
7. Does your child:  speak English  read English  write English (Check all that apply.)
8. Which adults in the home **speak** English?  Mother  Father  Guardian
9. Which adults in the home **read** English?  Mother  Father  Guardian
10. Do you need an interpreter?  Yes  No If yes, do you have one available?  Yes  No
11. Interpreter's Name (If available): \_\_\_\_\_ Phone #: \_\_\_\_\_
12. When did your child first attend school in the United States? Date: \_\_\_\_\_

13. List the schools your child attended in the United States

School Name	City/State	Grade	Dates Enrolled

14. List the schools your child attended in another country

School Name	City/Country	Grade	Dates Enrolled

For Office Use Only: Reviewed by \_\_\_\_\_ English Proficiency Testing?  YES  NO