

SOUTH BRUNSWICK SCHOOL DISTRICT



Home Language Survey*

Parent/Guardian Language Questionnaire

Name: _____ Age: _____
(first) (last)

Date of School Entrance: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
English: _____ Other: (specify) _____
2. What language does the family speak at home most of the time?
English: _____ Other: (specify) _____
3. What language does the parent/guardian speak to the child most of the time?
English: _____ Other: (specify) _____
4. What language does the child speak to his/her parent/guardian most of the time?
English: _____ Other: (specify) _____
5. What language does the child speak to his/her brothers and sisters most of the time?
English: _____ Other: (specify) _____
6. What language does the child speak to his/her friends most of the time?
English: _____ Other: (specify) _____

Signature: _____ Date: _____
(person completing the survey)

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182