## Iowa Department of Education HOME LANGUAGE SURVEY

Student Name:		Birth Date:	Sex: M	Sex: M F	
Parent/G	Suardian Name:				
Address	:				
Home Te	elephone:	Work Telephone:			
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				
	Name of School				
	Name of School	State	Dates Attended	to	
3.	What language is spoken by you and your family most of the time	ne at home?			
4.	If available, in what language would you prefer to receive comm	unication from the school? Eng	lish Spanish Other		
5.	Please check if your child is:				
6.	Is your child's first-learned or home language anything other that If you responded "Yes" to question number 6 above, please	_			
7.	What language did your child learn when he/she first began to ta	alk?			
8.	What language does your child most frequently speak at home?				
9.	What language do you most frequently speak to your child?(Fati	her) ther)			
10.	Please describe the language understood by your child. (check on the language and no English. On the language and some English. On the language and some English on the language and English equally. Onderstands mostly English and some of the home language and English equally. Onderstands only English.	glish.			
Parent/0	Guardian's Signature:		Date:		
 School Oi	ffice Use Only: Student ID# Date	Distributed	Date School Received		