



"We Inspire and Empower Learners"

NORTH ROYALTON CITY SCHOOLS

Home Language Survey

DATE: _____

BUILDING: _____

GRADE ENTERING _____

NAME OF STUDENT: _____
Last Name First Name Middle I.

DATE OF BIRTH: ____/____/____ MALE ____ FEMALE ____
Month Day Year

PLACE OF BIRTH: _____
City State Country

FATHER/GUARDIAN'S LAST NAME _____ FATHER/GUARDIAN'S FIRST NAME _____

MOTHER/GUARDIAN'S LAST NAME _____ MOTHER/GUARDIAN'S FIRST NAME _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

1. What language did your son/daughter speak when he/she first learned to talk? _____

2. What languages does your son/daughter use most frequently at home? _____
Primary Secondary

3. What language do you use most frequently to talk with your son/daughter? _____

4. What language do the adults at home most often speak? _____

5. Provide the name and phone number of a person who would translate if needed:

a. Name: _____

b. Phone No: (____) _____

Parent Signature: _____ Parent Name (Print) _____

If your answer was **any** language other than English to questions 1-4 above, please complete the following:

6. If your child attended a U.S. school, did he/she receive English Language Learner services? Yes ____ No ____

7. Does **student speak** English? Yes ____ No ____ Limited ____ Fluently ____

8. Does **student read** English? Yes ____ No ____ Limited ____ Fluently ____

9. Does **father speak** English? Yes _____ No _____ Limited _____ Fluently _____

10. Does **father read** English? Yes _____ No _____ Limited _____ Fluently _____

11. Does **mother speak** English? Yes _____ No _____ Limited _____ Fluently _____

12. Does **mother read** English? Yes _____ No _____ Limited _____ Fluently _____

13. What is parent's native country? _____

14. How long have parents lived in the United States? _____

15. How long has student lived in the United States? _____

16. Please list siblings:

Name	Brother/Sister	Age	Name	Brother/Sister	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. Other persons living in your home (Name and relationship to student)?

Name	Relationship to Child	Speaks English (yes/no)	Other language
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Please list all schools this student has attended – both foreign and in the United States:

Name of School	Address of School	City, State	Country	Grade(s)	Start Date	End Date