Language Use Survey

The purpose of this survey is to determine if your child’s current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: __________________________________________ Grade Level: _____________
School: ________________________________________________ Date of Birth: _______________

1. What language(s) does your child hear or use regularly in your household (i.e., spoken, media, music, literature, etc.)? hear__________ use (i.e., American Sign Language (ASL)) __________

2. Describe the language(s) your child understands.
   - ☐ No English
   - ☐ Mostly another language and a little English
   - ☐ English and another language equally
   - ☐ Mostly English and a little of another language
   - ☐ Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
   - ☐ Only English

3. What language(s) do adults most frequently use when speaking/conversing to your child?
   Parent/Guardian: ______________________ Parent/Guardian: ______________________
   Other Adults in the Home: _______________ Child-care Providers: ___________________

4. What language(s) does your child CURRENTLY speak/express most frequently outside of school?
________________________________________________________________________________

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).
________________________________________________________________________________

6. Is there anything else you think the school should know about your child’s language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?
________________________________________________________________________________

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian:
Oral _____________ Written _____________ American Sign Language_______________

Parent/Guardian:
Oral _____________ Written _____________ American Sign Language_______________

Parent or Guardian Signature __________________________________ Date ______________
What is your relationship to the student? ______________________ (e.g., parent, grandparent, etc.)