

## HOME (PRIMARY) LANGUAGE SURVEY

Date \_\_\_\_\_

Student \_\_\_\_\_  
(Family Name) (First Name) Middle Initial

Grade \_\_\_\_\_ Gender \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

1. What is the first language you learned to speak? \_\_\_\_\_

2. What language do you speak most often? \_\_\_\_\_

3. What language is most often spoken in your home? \_\_\_\_\_

4. Besides languages studied in school, do you speak language other than English?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, list the languages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please place in student's cumulative folder.