



Cleveland Heights – University Heights City School District

Home Language Survey



Date: _____ Federal guidelines require that this form be completed for all enrolled students.

School: _____ Grade: _____ Gender: Male Female

Student Name: _____ Birthdate: _____ Country of Birth: _____

Home Address: _____
(Street) (City) (ZIP)

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

1. What language did your child speak when first learning to talk? _____
2. What language does your child speak most often at home? _____
3. What language do you use most frequently when communicating with your child? _____
4. List the language(s), other than English, spoken by your child _____
5. List the language(s), other than English, spoken in the home. _____

PARENT/GUARDIAN SIGNATURE: _____

If your answer was any language other than English to questions 1-5, please answer the following questions.

6. What is the Parent/Guardian's native language? Mother _____ Father _____ Guardian _____
7. Does your child: speak English read English write English (Check all that apply.)
8. Which adults in the home **speak** English? Mother Father Guardian
9. Which adults in the home **read** English? Mother Father Guardian
10. Do you need an interpreter? Yes No If yes, do you have one available? Yes No
11. Interpreter's Name (If available): _____ Phone #: _____
12. When did your child first attend school in the United States? Date: _____

13. List the schools your child attended in the United States

School Name	City/State	Grade	Dates Enrolled

14. List the schools your child attended in another country

School Name	City/Country	Grade	Dates Enrolled

For Office Use Only: Reviewed by _____ English Proficiency Testing? YES NO