

Student's name \_\_\_\_\_

## ARLINGTON PUBLIC SCHOOLS

### Home Language Survey

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child.

1. What language did your child first understand or speak? \_\_\_\_\_
2. What language do you use most often when speaking with your child at home? \_\_\_\_\_
3. What language does your child use most often when speaking with you at home? \_\_\_\_\_
4. What language does your child use most often when speaking with other family members? \_\_\_\_\_
5. What language does your child use most often when speaking with friends? \_\_\_\_\_
6. What language(s) does your child read? \_\_\_\_\_
7. What language(s) does your child write? \_\_\_\_\_
8. At what age did your child start attending school? \_\_\_\_\_
9. Has your child attended school every year since that age? \_\_\_Yes \_\_\_No  
If no, please explain:
10. Would you prefer oral and written communication from the school in English or in your home language? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent /Guardian

#### To be completed by ELL Program Staff Before Placement:

Date /School Enrollment:	Student's First Name	Student's Family Name	Age	Birthdate	Grade
				/ /	
Relationship of Person Completing Survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i> :			Number of Years Student in USA: _____		
Recommendation: <input type="checkbox"/> Proficiency Testing/Records Review <input type="checkbox"/> No ELL Services			Signature of ELL Staff:		

CC: Principal  
ELL Services Coordinator  
Guidance Counselor

Home Language Survey  
English Form