

Deerfield Community School District Home Language Survey

Student's Full Name	Date of Birth	City-State-Country of Birth	Grade
Parent/Guardian Name(s)	Address		Home Phone
Parent/Guardian Place of Employment	Work Phone	English Speaking Person to Be Contacted in Case of Emergency Name	
Relationship of Person Completing Survey <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify)			
Age Student Began School	Grades Completed	Last Day of School Attendance	

- | | | |
|---|--------------------------|--|
| | English | Other (Specify) |
| 1. What language did the child learn when he or she first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 3. What language does the parent(s) speak to his/her child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 4. What language does the child speak to his/her parent(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 5. What language does the child hear and understand at home? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 6. What language does the child speak to his/her brothers/sisters most of the time? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 7. What language does the child speak to his/her friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| | Yes | No |
| 8. Can an adult family member or extended family member speak English? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Can he or she read English? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, whom? _____ | | |
| 9. Would you prefer that oral and/or written communication from school be In English? | <input type="checkbox"/> | <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| If no, in what language? _____ | | |
| 10. Would you like an interpreter to be present at school meetings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name, address and phone number of any known interpreters _____ | | |
| 11. Sponsoring organization (if any) _____ | | |

Signature of person completing form _____ Date _____

FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS			
ESL File Opened <input type="checkbox"/> Yes <input type="checkbox"/> No	Today's Date	ESL Test Date	Test Administered
ESL Evaluator	ESL Level	Placement (teacher/guidance counselor)	