

Dearborn Heights School District No. 7

Home Language Survey

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent/Guardian Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip Code

Phone Number _____
Home Cell Work

Child's date of birth: _____
Month/Date/Year

1. Was your child born in the United States? _____ Yes _____ No
If yes, in which state: _____
If no, in what country? _____ Date entered U.S.? _____

2. Has your child attended any school in the United States for any three years during their lifetime? _____ Yes _____ No

If yes, please provide school name(s), state, and dates attended

Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

3. What is the language most frequently spoken at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

6. Please check if your child is:

__Native American Indian __Alaska Native __Native Pacific Islander __Native US Virgin Islander

7. Is your child's first-learned or home language English? _____ Yes _____ No

If you responded "NO" to question number 6, please answer the following questions:

8. In what country did your child most recently reside? _____

9. Which language did your child learn when he/she first began to talk? _____

10. What language does your child most frequently speak to you? _____

11. What language do you most frequently speak to your child? _____

12. Please describe the language understood by your child. (Check only one)

- A. Understands only the home language and no English.
- B. Understands mostly the home language and some English.
- C. Understands the home language and English equally.
- D. Understands mostly English and some of the home language.
- E. Understands only English.

Parent/Guardian Signature

Date