



Home Language Survey

Modify this survey as needed for your program and distribute to your students' *parents or guardians*. This may be especially helpful with students who are new to your program.

Primary/Home Language Survey

Student Information

Name: _____

Date of Birth (Month/Day/Year): _____

Home Language Questions

1. What language(s) is (are) spoken in your home?

2. Which language did your child first learn?

3. Which language does your child use most often at home?

4. Which language do you most often speak to your child?

5. In what language would you prefer to get information from our program?

Adapted from <https://www2.ed.gov/about/offices/list/oela/english-learner-toolkit/chap1.pdf>.