

Stanhope School District

Home Language Survey

The following information will be used to determine whether your child may be eligible to receive English Language Services.

Student's Name _____ Date _____
Address _____ Birth Date _____
_____ Phone Number _____

What is your child's native language
(the language he/she first learned to speak)? _____

List the languages spoken at home. _____

What language **do you use** most often when
speaking to your child at home? _____

What language does your child use most often
when speaking to you, his **parents** at home? _____

What language does your child use most often
when speaking to **brothers and sisters**? _____

What language does your child use most often
when speaking to **other relatives**? _____

What language does your child use most often
when speaking to **friends** at home? _____

Did your child previously receive ESL or
bilingual instruction? (Yes/No) _____

If yes, when? _____

Where? _____

Print Name

Signature

Date