

CARLSTADT PUBLIC SCHOOL

CARLSTADT, NJ 07072

Home Language Survey

Parent/Guardian Language Questionnaire

Student Last Name _____ First Name _____ Middle _____ Age _____

Date of School Entrance _____

Person completing the survey: _____ Mother _____ Father _____ Grandparent _____ Guardian _____ Other _____

DIRECTIONS: Check or write in the correct response for each of the following questions about your child.

1. What language (s) are spoken most of the time in the student's home or residence?
English _____ Other (specify) _____
2. What language(s) are spoken most of the time in the home or residence?
English _____ Other (specify) _____
3. What language(s) does the student understand?
English _____ Other (specify) _____
4. What language(s) does the student speak?
English _____ Other (specify) _____
5. What language(s) does the student read?
English _____ Other (specify) _____
6. What language(s) does the student write?
English _____ Other (specify) _____
7. In your opinion, how well does the student, understand, speak, read and write English?

	VERY WELL	ONLY A LITTLE	NOT AT ALL
Understands English			
Speaks English			
Reads English			
Writes English			

Parent or Guardian Signature _____ -Date: _____

Print Parent Name _____

