ENGLISH



International Student Registration Center Office of English Learners

Home Language Survey K-12

Student's Name:	Date:
School:	
1. What is the first language this child learned to speak?	
2. What language does this child speak most often outside of school?	
3. What language(s) do people usually speak in this child's home?	
4. What language(s) does your child speak with you as a parent/guardian?	
5. What language(s) does your child speak with his/her sibling(s)?	
6. In what city and country was your child born?	
7. If your child attended another school outside of the U.S.,	
a- Where did he/she attend?	
b- What year did he/she start?	
c- How many days per week?	
d- How many hours per day?	
e- Were there any interruptions in the child's education? If so, pl	ease describe:
8. What date did your child enter the U.S., if not born in the U.S.?	
9. If your child attended another U.S. school, what date did he/she start?	
10. As a parent/guardian how often do you read and write in English? Please of	
100%: 75%: 50%: 25%: 0%:	
11. As a parent/guardian how often do you speak in English? Please check of	
100%: 75%: 50%: 25%: 0%:	
Parent Signature:	
If student is born outside of the U.S., please fax a copy of the Home l	Language Survey to the
EL Office at (615) 214-8655.	,
Office Use Only	
Resettlement Agency:	
Case Worker Name:	
Case Worker Phone Number:	
Community Resource Suggested for family:	