

SCHOOL DISTRICT OF MAYVILLE

HOME LANGUAGE SURVEY

Parkview Primary Learning Center
Mayville Middle School
Mayville High School

Phone (920) 387-7973
Phone (920) 387-7970
Phone (920) 387-7960

Fax (920) 387-7975
Fax (920) 387-7974
Fax (920) 387-7960

PARENT/GUARDIAN HOME LANGUAGE SURVEY:

STUDENT NAME _____

GRADE _____

Relationship of Person Completing Survey:

Mother Father Guardian other (please specify) _____

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

- | | English | other | other languages |
|--|--------------------------|--------------------------|--|
| 1. What language did the child learn when he/she first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. What language does the family speak at home most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. What language does the parent(s) speak to his/her child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. What language does the child speak to his/her parent(s) most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. What language does the child hear and understand in the home? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. What language does the child speak to his/her brothers/sisters most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. What language does the child speak to his/her friends most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Yes | No | |
| 8. Can an adult family member or extended family member speak English?
Can they read English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Do the parents/guardians request oral and/or written communication from the School District to be in English? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> oral <input type="checkbox"/> written |

If No, in what language?

Signature of person completing the Survey:

Date Signed

For Staff use only-to be completed for all new students:

ESL file opened

Yes No

ESL Test Date

Today's Date

Test

ESL Evaluator

ESL Level

Placement
