

Hayward Community School District Home Language Survey

FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS			
ESL File Opened <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date	Today's Date	Test
ESL Evaluator		ESL Level	Placement
PARENT/GUARDIAN HOME LANGUAGE SURVEY			
Student's Name			Grade

Relationship of Person Completing Survey

Mother Father Guardian Other *Specify*

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

	English	Other	Other Language(s)
1. What language did the child learn when she or he 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 her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child speak to her/his 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 her/his brothers/sisters most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. What language does the child speak to her/his friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Can an adult family member or extended family member speak English?	<input type="checkbox"/>	<input type="checkbox"/>	
Can they read English?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do the parent/guardians request oral and/or written communication from the school to be in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Written
			If no, in what language

SIGNATURE	
Signature of Person Completing Survey	Date Signed

