Cabell County, WV Schools Home Language Survey

Date: _____ School: _____ Grade: _____ Birth Date: _____ F ___ M ___

Student's Name:

_____

First Name **Middle Initial** **Last Name (Family Name)**

Parent or Guardian's Name:

_____

First Name **Middle Initial** **Last Name (Family Name)**

Address:

_____

Street **City** **State** **Zip Code**

Phone Number:

_____

Home **Work** **Cell**

1. Is the Student's ***first exposure to, first-learned.*** or ***home language*** anything ***other than American English,*** or does **anyone** in the family speak a language ***other than American English*** in the home?

Yes_____ **No** _____

If ***YES***, please answer the following questions: **IF NO, STOP HERE AND GO TO THE SIGNATURE LINE**

2. What is the student's country of origin: _____
3. What language did your son/daughter hear first? _____
4. What language did your son/daughter learn when he/she first began to talk? _____
5. What language does your son/daughter most often use at home? _____
6. What language do you most frequently speak to your son/daughter?

   Father_____ Mother_____

7. What is the language most frequently spoken at home? _____
8. Please describe the language understood by your child. (Check only one)
   - A. __ Understands only the home language and NO English
   - B. __ Understands mostly the home language and some English
   - C. __ Understands the home language and English equally
   - D. __ Understands mostly English and some of the home language
   - E. __ Understands only English
9. If you don't understand English at all, in what language do you need to receive communication from the school, if available? _____
10. Who is your bilingual contact person/friend who helps you translate school correspondence?

    Helper's Name_____ Helper's Phone_____

_____ _____

Parent or Guardian Signature Date