SCHOOL DISTRICT OF NEW LONDON
STUDENT HOME LANGUAGE SURVEY

In order to comply with state requirements and to assist the School District of New London in communicating with the home, please answer the following questions about your child's language.

Thank you for your assistance. All your answers are for school purposes only.

Student's Name: _____
Last First Middle

Date of Birth: _____ Sex: _____ Male _____ Female

Address: _____ Phone: _____

School: _____ Grade: _____

DIRECTIONS: For each of the following questions, please fill in the appropriate answer.

1. Did your child speak a language other than English when he or she first began to talk? If so, what language?

   _____

2. What language does your child speak at home?

   _____

3. What language(s) does your child speak with his or her friends?

   _____

4. What language(s) do you or other caregivers use when speaking to your child?

   _____

Complete questions 5 and 6 only if you listed a non-English language in questions 1-4.

5. Is there an adult in your home who can read English?

   Yes _____ No _____

   If not, what language can be read?

   _____

6. Do you want a translator available at school conferences?

   Yes _____ No _____

SIGNATURE: Please sign the completed Home Language Survey and have your child return it to school.

Dated: _____ _____
Signature