Iowa Department of Education HOME LANGUAGE SURVEY

Student Name:		Birth Date:	Sex: M] F []_
Parent/Guardian Name:				
Address:				
Home Telephone:		Work Telephone: _		
School:		Grade:	Date:	
If yes, in which sta	rn in the United States? Yes ate? r country?	_		
If yes, please prov Name of School_ Name of School_	vide school name(s), state, and d	States for any three years during their lifer lates attended: State State State State	Dates Attended Dates Attended	to
3. What language is	spoken by you and your family n	nost of the time at home?	-	
4. If available, in who	at language would you prefer to r	receive communication from the school?	English Spanish Other	er
Na Ala	our child is: tive American tive Pacific Islander aska Native tive U.S. Virgin Islander			
		hing other than English? Yes Nabove, please answer the following qu		
7. What language di	d your child learn when he/she fi	rst began to talk?	9	
8. What language do	pes your child most frequently sp	eak at home?		
10. Please describe to	o you most frequently speak to your ne language understood by your ands only the home language ar			
Undersi Undersi Undersi	ands mostly the home language ands the home language and Er ands mostly English and some o ands only English.	and some English. glish equally.		
Parent/Guardian's Signature:			Date:	
School Office Use Only: Student	ID#	Date Distributed	Date School Received	