

PERRY LOCAL SCHOOLS

HOME LANGUAGE SURVEY

Information about the language background of each student is necessary to determine the possible need for language development assistance.

Date _____

Name _____ Age _____ Grade _____

Place of Birth _____, _____, _____
City State Country

Is there a language other than English spoken at home? ____yes ____no

If yes, what language? _____

Do you and your spouse read English? ____yes ____no

Does the student speak a language other than English? ____yes ____no

If yes, what language? _____

What is the first language acquired by the student? _____

Date the student entered the U.S. school system. _____

Total number of months in attendance in a U.S. school system (9 months = 1 year). _____

Thank you for your help.

Parent or guardian signature

For office use only:

Put the original into student's personal file. Send a copy to the Director of Pupil Services