

Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

Student Name: _____

Grade Level: _____

School: _____

Date of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? hear _____ use(i.e. ASL) _____

2. Describe the language(s) your child **understands**.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal or Native Language
- Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Father/Guardian: _____ Mother/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

4. What language(s) did your **child speak/express** from 0-4 years of age? _____

5. What language(s) does your **child CURRENTLY speak/express** most frequently outside of school?

6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.).

7. Is there anything else you think the school should know about your child's language use?

Parent Questions: In what language(s) do you want to receive information from the school(if available)

Father/Guardian:

Oral _____ Written _____ American Sign Language _____

Mother/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ Date _____

What is your relationship to the student? _____ (i.e., parent, grandparent, etc.)