



901 Walnut St.
Des Moines, IA 50309

HOME LANGUAGE SURVEY

Student Name: _____
First
Last

Address: _____ Phone: _____

School: _____ Grade: _____

Person completing survey: Mother ___ Father ___ Guardian ___ Other ___

Dear Parent or Guardian: In order to assist school districts to provide an equal opportunity for a meaningful education to all students, the state of Iowa requires that schools identify and report the primary language of their students. **“Primary Language”** is defined as the language the student learned when he or she first began to talk; the language that usually is spoken in the student home, or the language that the student usually speaks.

Directions: For each of the six questions, please mark an X in the appropriate box. Please specify the language if the box is marked as “OTHER” into space provided.

1. What language did your child speak when he or she first began to talk?

<input type="checkbox"/>	English
<input type="checkbox"/>	Other _____ language

2. What language does your child speak most often at home?

<input type="checkbox"/>	English
<input type="checkbox"/>	Other _____ language

3. What language does your child speak most often with his or her friends?

<input type="checkbox"/>	English
<input type="checkbox"/>	Other _____ language

4. What language do you use most often when speaking to your child?

<input type="checkbox"/>	English
<input type="checkbox"/>	Other _____ language

5. What language do you use most often when speaking to your friends?

<input type="checkbox"/>	English
<input type="checkbox"/>	Other _____ language

6. What language do other family members in your home usually use when speaking to each other?

<input type="checkbox"/>	English
<input type="checkbox"/>	Other _____ language

Parent Signature

Date

Please put this survey in the student folder. Thank you.