

**HAMILTON SCHOOL DISTRICT
PARENT/GUARDIAN HOME LANGUAGE SURVEY
(English)**

Student _____ Grade _____

Assigned School (Circle One): Willow Springs Lannon Maple Avenue Marcy Woodside Templeton Hamilton

Relationship of Person Completing the Survey: Parent Guardian Other _____

Directions:

Circle/Check the correct response for each of the following questions and indicate other languages if appropriate.

1. What language did the student learn when she or he first began to talk? English Other _____
2. What language does the family speak in the home most of the time? English Other _____
3. What language does the parent/guardian speak to the child most of the time? English Other _____
4. What language does the student speak to the parent/guardian most of the time? English Other _____
5. What language does the student speak to her/his sisters/brothers most of the time? English Other _____
6. Has the student ever received ESL services at another school? Yes No

***** PLEASE COMPLETE THE QUESTIONS BELOW IF ANOTHER LANGUAGE IS LISTED *****

7. Do you need translation services? Yes No
8. Do you have a translator? Yes No

Translator Name _____ Relationship to Student _____

Address _____ Phone Number _____

** Please note: Your child's school may contact the family translator, if needed.

9. Do you need an English translator for written documents? Yes No
10. Do you need an English translator for conferences? Yes No
11. Do you need an English translator for phone calls home? Yes No
12. Can your child translate in the case of an illness at school? Yes No

(Signature of Person Completing the Survey)

(Date)