Language Survey

STUDENT NAME:
DATE OF BIRTH:/

STUDENT:
Please answer the following questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for you and will not be used for any other purpose. Thank you for your cooperation.
What was the first language that you spoke?
• Is there a language other than English spoken in the home? NO YES
If yes, which language(s)?
Do you speak a language other than English? NO YES
If yes, which language(s)?
In what language do you prefer to receive communication from the school?
STUDENT SIGNATURE: DATE:

