Home Language Survey
Parent/Guardian Language Questionnaire

Student’s name: ____________________________________________ Age: _____
[first] [middle] [last]

Date of School Entrance________________________

Person completing the survey: [ ] Mother [ ] Father [ ] Grandparent
[ ] Guardian [ ] Other _____________________

Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
   English_____ Other [specify]___________________________________

2. What language does the family speak at home most of the time?
   English_____ Other [specify]___________________________________

3. What language does the parent [guardian] speak to the child most of the time?
   English_____ Other [specify]___________________________________

4. What language does the child speak to his/her parent [guardian] most of the time?
   English_____ Other [specify]___________________________________

5. What language does the child speak to her/her brothers and sisters most of the time?
   English_____ Other [specify]___________________________________

6. What language does the child speak to his/her friends most of the time?
   English_____ Other [specify]___________________________________

With the information gathered on survey, I acknowledge that my child may be assessed with the WIDA MODEL Placement Test to determine if they qualify for English language support services.

Signature: __________________________ Date: ______________________
[person completing the survey]