

Campbell City Schools
Special Services Department
2002 Community Circle
Campbell, OH 44405

HOME LANGUAGE SURVEY

Name of Student: _____
Family Name First Name Middle Initial

School Enrolling in: _____ Grade: _____

Date of Birth: ____/____/____ Place of Birth: _____
Month Date Year City State Country

Name of Parent/ Guardian: _____
Family Name First Name

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

1. If your child was not born in the U.S., when did he/she come to the USA? _____
2. What language did your son/daughter speak when he/she first learned to talk? _____
3. What language does your son/daughter use most frequently at home? _____
4. What language does your child speak most often? _____
5. Can he/she speak English with understanding? _____
6. What language do you use most frequently to speak to your son/daughter? _____
7. What language is most often spoken by the adults in your home? _____
8. Who in your home reads English? _____
9. I give permission to test my child to assess his/her English language proficiency.

_____ Yes _____ No

Signature of Parent/Guardian

For Instruction Department Office: *If the responses to questions are anything other than English, forward a copy of this survey to Jennifer Gonzalez, ESL Teacher, Campbell Elementary & Middle School. Please include their student number. Otherwise, file survey in student's Cumulative record. Thank you.*

Student Number: _____

Signature of Parent/ Guardian

Date