

Language Use Survey

2024 - 25 SY

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____ Grade Level: _____

School: _____ Date of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? hear _____ use (i.e., American Sign Language (ASL)) _____

2. Describe the language(s) your child **understands**.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

4. What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**?

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).

6. Is there anything else you think the school should know about your child's language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

Parent Question: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian:

Oral _____

Written _____

What is your relationship to the student? _____ (e.g., parent, grandparent, etc.)