

# Home Language Survey

Date: \_\_\_\_\_

School District: Otsego Local Schools

Name of Student: \_\_\_\_\_  
First Name/Middle Initial/Last Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City/State/Country

Name of Parent/Guardian: \_\_\_\_\_

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk? \_\_\_\_\_
2. What language does your son or daughter use most frequently at home?  
\_\_\_\_\_
3. What language do you use most frequently to your son or daughter?  
\_\_\_\_\_
4. What language do the adults at home most often speak?  
\_\_\_\_\_
5. How long has your son or daughter attended school in the U.S.?  
\_\_\_\_\_ years