

**DIOCESE OF DES MOINES
HOME LANGUAGE SURVEY**

Required for all new students

Student Name: _____ Birth Date: _____ Sex: Male Female
Parent/Guardian Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 - 1a. If yes, which state? _____
 - 1b. If no, which country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 - 2a. If yes, please provide school name, state, and dates attended.

School Name _____	State _____	Dates Attended _____
School Name _____	State _____	Dates Attended _____
School Name _____	State _____	Dates Attended _____

3. What language is spoken by you and your family most of the time? _____
4. If available, in what language would you prefer to receive communication from the school? _____
5. Is your child's first learned or home language anything other than English? Yes No
6. If you responded "Yes" to question 5, please answer the following:
 - 6a. What language did your child learn when he/she began to talk? _____
 - 6b. What language does your child most frequently speak at home? _____
 - 6c. What language do you most frequently speak to your child? (Father) _____
(Mother) _____

7. Please describe the language understood by your child. (Check only one.)
 - Understands only the home language and no English.
 - Understands mostly the home language and some English.
 - Understands the home language and English equally.
 - Understands mostly English and some of the home language.
 - Understands only English.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Student ID#	Date Distributed	Date Received	
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