

Mount Holly Township Schools
Home Language Survey*
Parent/Guardian Language Questionnaire

Name: _____ Age: _____
 [first] [middle] [last]

Date of School Entrance _____

Person completing the survey: Mother Father Grandparent
 Guardian Other _____

Directions: 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] _____
7. In which language do you wish to receive school communication?
 English _____ Other [specify] _____

Signature: _____ Date: _____
 [person completing the survey]