

Graystone Academy Charter School

Home Language Survey K-8

Student name _____ Date _____

Date of Birth _____ Telephone No. _____

Grade (circle one) K 1 2 3 4 5 6 7 8

1. What language did your child learn first?
 - a. English
 - b. Spanish
 - c. Other (please specify) _____

2. What language is spoken in your home most of the time?
 - a. English
 - b. Spanish
 - c. Other (please specify) _____

3. What language does your child speak most of the time?
 - a. English
 - b. Spanish
 - c. Other (please specify) _____

4. How often does your child hear this language (Indicated in item 3) spoken?
 - a. most of the time
 - b. some of the time
 - c. not very often

5. When this language is spoken(indicated in item 3)does your child understand?
 - a. most of what is said
 - b. some of what is said
 - c. very little of what is said
 - d. nothing of what is said

6. Does your child frequently speak a language other than English with these groups:

a. Friends	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Brothers/Sisters	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Parents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Grandparents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

(Please specify) _____

Parent/Guardian Signature _____