

**North Arlington Public Schools
Home Language Survey
Parent/Guardian Questionnaire**

PLEASE PRINT ALL ANSWERS

Child's name: _____ Date of birth: _____
(first) (middle) (last)

Date of school entrance: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? _____

2. What language does the family speak at home most of the time? _____

3. What language (s) does the primary caregiver (s) speak to the child most of the time? _____

4. What language (s) does the child speak to his/her primary caregiver (s) most of the time? _____

5. What language (s) does the child speak to his/her brothers and sisters most of the time? _____

6. What language does the child speak to his/her friends most of the time?

7. Please list any preschool program(s) your child attended before coming to our program:

Signature: _____ Date: _____
(person completing survey)