



**Riverside Public Schools
District 96**

HOME LANGUAGE SURVEY

Student's Name			
	Last	First	Middle
School:			

Is a language other than English spoken in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>Yes</i> , which language (s)?	
Does your child speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>Yes</i> , which language (s)?	

If you answered *yes* to either of the questions above please complete the following questions.

What was the first language your child learned?	
Which language does your child use most often when he/she speaks to friends?	
<input type="checkbox"/> English <input type="checkbox"/> Other	Specify
Which language does your child use most often when he/she speaks to you?	
<input type="checkbox"/> English <input type="checkbox"/> Other	Specify
Has your child received English language support at their previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Legal Guardian Signature _____	Date _____
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