

# Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. What language(s) does your child hear or use regularly in your household (i.e., spoken, media, music, literature, etc.)? hear \_\_\_\_\_ use (i.e., ASL) \_\_\_\_\_

2. Describe the language(s) your child understands.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal or Native Language
- Only English

3. What language(s) do adults most frequently use when speaking/conversing to your child?

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_

4. What language(s) did your child speak/express from 0-4 years of age? \_\_\_\_\_

5. What language(s) does your child CURRENTLY speak/express most frequently outside of school?  
\_\_\_\_\_

6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.).  
\_\_\_\_\_

7. Is there anything else you think the school should know about your child's language use?  
\_\_\_\_\_

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Father/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Mother/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_ (i.e., parent, grandparent, etc.)