

**Jackson School District**  
**Jackson, New Jersey**

**Home Language Survey**

**Parent/Guardian Language Questionnaire**

This information is essential in order for schools to provide meaningful instruction for all students.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(first) (middle) (last)

Date of School Entrance: \_\_\_\_\_ Name of School Attending: \_\_\_\_\_

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]