**Cabell County, WV Schools Home Language Survey**

**Date: \_\_\_\_\_\_\_\_\_\_\_School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_ F \_\_\_\_ M\_\_\_\_\_**

**Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Name Middle Initial Last Name (Family name)**

**Parent or Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Name Middle Initial Last Name (Family name)**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City State Zip Code**

# Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Home Work Cell**

1. Is the Student's ***first exposure to, first-learned,*** or ***home language*** anything **o*ther than***

 ***American English,*** or does **anyone** in the family speak a language ***other than American English***  in the home?

 **Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

**If *YES*, please answer the following questions: IF *NO*, *STOP* HERE AND GO TO THE SIGNATURE LINE**

|  |  |
| --- | --- |
| 2. What is the student's country of origin:   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. What language did your son/daughter hear first?

 1. What language did your son/daughter learn when he/she
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  first began to talk?  5. What language does your son/daughter most  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  often use at home?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

1. What language do you most frequently speak to your son/daughter? Father \_\_\_\_\_\_\_\_\_\_ Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the language most frequently spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the language understood by your child. (Check only one)
	1. \_\_ Understands only the home language and NO English
	2. \_\_ Understands mostly the home language and some English
	3. \_\_ Understands the home language and English equally
	4. \_\_ Understands mostly English and some of the home language
	5. \_\_ Understands only English

1. If you don't understand English at all, in what language do you need to receive communication from the school if available?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who is your bilingual contact person/friend who helps you translate school correspondence?

 Helper's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Helper's Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian's Signature Date

Phone: 304.528.5106 Ext. 212 | fax: 304-528-5110 | | http://ccctc.cabe.tec.wv.us/