**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/