



GIBBSBORO ELEMENTARY SCHOOL DISTRICT

Grades PS through 8

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Home Language Survey Parent/Guardian Language Questionnaire

Child's Name: _____ Age: _____
 [first] [middle] [last]

Date of School Entrance _____

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] _____

Together Everyone Achieves More

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: _____
[person completing the survey]

Date: _____

Print Name: _____



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