

# HOME LANGUAGE SURVEY

**To be completed for all students enrolling in Escambia County Schools in Florida.**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing this survey: (Please Print)

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY BEFORE ANSWERING.**

1. \_\_\_\_\_ Yes \_\_\_\_\_ No Is a language **OTHER** than English used in the home?
2. \_\_\_\_\_ Yes \_\_\_\_\_ No Did the student have a **FIRST** language **OTHER** than English?
3. \_\_\_\_\_ Yes \_\_\_\_\_ No Does the student **MOST FREQUENTLY** speak a language **OTHER** than English?
4. What is the **PREDOMINANT** language spoken in the home by the parent(s)/guardian(s)?

\_\_\_\_\_

5. What is the country of national origin of the student?

\_\_\_\_\_

(This is the country of birth except for military or other dependents who may have been born in another country while a parent was on duty in that country. In that case, the country of national origin is the country of which the parents are citizens.)

6. What is the date the student first entered a United States school? \_\_\_\_\_

7. \_\_\_\_\_ Yes \_\_\_\_\_ No Has the student attended one or more schools in any U.S. State/possession/territory/military base for more than 3 full years?

\_\_\_\_\_  
Signature of person completing this survey

Relationship to student: (Circle One) Mother Father Guardian Self

\_\_\_\_\_  
Signature of translator (If needed)