Iowa Department of Education
HOME LANGUAGE SURVEY

Student Name: ________________________________ Birth Date: _______________ Sex: M☐ F ☐

Parent/Guardian Name: ________________________________

Address: ________________________________________

Home Telephone: ________________________________ Work Telephone: ________________________________

School: ________________________________ Grade: ___________ Date: _______________

1. Was your child born in the United States? Yes ☐ No ☐
   If yes, in which state? ________________________________
   If no, in what other country? ________________________________

2. Has your child attended any school in the United States for any three years during their lifetime? Yes ☐ No ☐
   If yes, please provide school name(s), state, and dates attended:
   Name of School __________________________ State _______ Dates Attended ______ to ______
   Name of School __________________________ State _______ Dates Attended ______ to ______
   Name of School __________________________ State _______ Dates Attended ______ to ______

3. What language is spoken by you and your family most of the time at home? ________________________________

4. If available, in what language would you prefer to receive communication from the school? English ☐ Spanish ☐ Other ________________________________

5. Please check if your child is:
   ☐ Native American
   ☐ Native Hawaiian
   ☐ Native Pacific Islander
   ☐ Alaska Native
   ☐ Native U.S. Virgin Islander

6. Is your child’s first-learned or home language anything other than English? Yes ☐ No ☐
   If you responded “Yes” to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? ________________________________

8. What language does your child most frequently speak at home? ________________________________

9. What language do you most frequently speak to your child? (Father) ________________________________
   (Mother) ________________________________

10. Please describe the language understood by your child. (check one)
    ☐ Understands only the home language and no English.
    ☐ Understands mostly the home language and some English.
    ☐ Understands the home language and English equally.
    ☐ Understands mostly English and some of the home language.
    ☐ Understands only English.

Parent/Guardian’s Signature: ________________________________ Date: ________________

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School Office Use Only: Student ID# __________________________ Date Distributed ________________ Date School Received ________________