

**TURKEYFOOT VALLEY AREA SCHOOL DISTRICT  
PROGRAMS FOR LIMITED ENGLISH PROFICIENCY STUDENTS  
HOME LANGUAGE SURVEY**

(Please complete and return to the school office)

Date: \_\_\_\_\_  
Month Day Year

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

Student's Country of Origin: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

**1. What was the first language your child learned to speak?**

\_\_\_\_\_

**2. What language(s) does your child speak most often at home?**

\_\_\_\_\_

**3. What language is spoken most often, by family members, in your home?**

\_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_