Preschool Home Language Survey Parent/Guardian Questionnaire

PLEASE PRINT

Child's name:		Date of birth:	
	hild's name:(first) (middle)	(last)	
Da	ate of school entrance:		
Pe	erson completing the survey: []Mother []F	Father []Grandparent []Guardian []Other	
Ple	ease tell us about your child:		
1.	What language did the child learn when he/s	/she first began to talk?	
2.	What language does the family speak at hom	me most of the time?	
3.	What language (s) does the primary caregive	ver (s) speak to the child most of the time?	
4.	What language (s) does the child speak to hi	nis/her primary caregiver (s) most of the time?	
5.	What language (s) does the child speak to hi	nis/her brothers and sisters most of the time?	
6.	. What language does the child speak to his/her friends most of the time?		
7.	. Please list any preschool program(s) your child attended before coming to our program:		
8.	. In which language do you wish to receive information from the school?		
9.	What name do you use for your child (if diff	fferent from above)?	

Sources:

Question 9 was adapted from the Parent Questionnaire in One Child, Two Languages 2nd Edition published 2/2008 by Patton O. Tabors, Paul H. Brookes Publishing

Questions 1 – 8 are based on the *NJ DOE Home Language Survey* that was adapted from the sample survey in *A Manual for Community Representatives of the Title VI Steering Committee*, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182