

Manitou Springs School District 14 Home Language Survey (parent checklist)

School use only			
School			
Student ID#			
Date enrolled			

Student Name:				
	(surname/family name)	(first given name)	(second given name)	
Country of birth: Date of Birth:				
Parent or Guardi	an Name:			
Address:				
Federa	This information is necessary	determine the language(s) spoken and understor for school to provide appropriate instruction. iding this important information.	od by each student.	
1. What langua	age or languages did your o	child use when he/she first began	1 to talk?	
2. What languages or languages does your child speak with you at home?				
3. What langua	age or languages do you (p	arents or guardians) use when yo	ou speak to your child?	
	ts in your home (parents, g nguage other than English	uardians, grandparents, or any o daily?YES	ther adults) speak to eachNO	
If YES: W	hat language or languages'	?		
	Does your child understand the conversations?yesno			
De	oes your child participate i	n the conversation even if he/she	e might use English?	
5. What langua	age or languages does your	child read?		
6. What langua	What languages or languages does your child write?			
7. Did your ch	ild attend school in anothe	r country?YES	NO	
If YES: H	ow many years?	Which country?		
W	hat language or languages	were used for instruction?		