

*****All families must complete this form*****

**Acton Public Schools
16 Charter Road
Acton, MA 01720
978-264-4700**

Home Language Survey

Student's Name _____
(First, Middle, Last)

Date of Birth _____ Country of Birth _____

Address _____

Year entered United States _____ Year First Attended School in United States _____

Parent(s)/Guardian Name _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email _____

1. What language did your child first understand or speak? _____

2. What language(s) are spoken most often by adults at home? _____

3. What language do you use most often when speaking to your child? _____

4. What language does your child use most often when speaking to you? _____

5. What language does your child use most often when speaking to other family members? _____

6. What language does your child use most often when speaking with friends? _____

7. What language(s) does your child read? _____

8. What language(s) does your child write? _____

9. Would you prefer important school communications translated in your home language?

Yes ___ No ___ If so, which language? _____

Parent/Guardian Signature

Date