

SOUTH KINGSTOWN SCHOOL DEPARTMENT

HOME LANGUAGE SURVEY

Dear Parent(s)/Guardian(s):

The General Assembly of the State of Rhode Island mandates an assessment of the number of children who speak a language other than English. To fulfill this requirement, the South Kingstown School Department needs a survey of the home language of all students enrolled in the public schools. We are requesting your cooperation in completing this form. Please answer this questionnaire and return it to school. Families with more than one child will need to complete a questionnaire for each child enrolled in school. If you have any questions, please contact the school principal. Thank you for your cooperation.

Student's Name: _____ Date of Birth: _____

School: _____

PLEASE ANSWER EACH QUESTION BY CIRCLING THE APPROPRIATE LETTER.

IF YOU CIRCLE "O" FOR OTHER, PLEASE SPECIFY WHICH OTHER LANGUAGE.

1. What language do you **most often** use when speaking to your child? E English
O Other (specify) _____
2. What language did your child **first** learn to speak? E English
O Other (specify) _____
3. What language does your child **most often** use when speaking to
siblings, and other children? E English
O Other (specify) _____
4. What language does your child **most often** use when speaking
with you or other adults in the home? (Grandparents, aunts,
uncles, guests) E English
O Other (specify) _____
5. What language does your child **most often** use when speaking
with friends or neighbors, outside the home? E English
O Other (specify) _____

Signature of Parents or Guardian

Date