

**Harvard Public Schools
39 Massachusetts Avenue
Harvard, MA 01451
(978) 456-4140**

Home Language Survey

Student's Name _____ Date of Birth _____ Country of Birth _____

First, Middle, Last 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 learn?
- 2 What language do you use when speaking to your child?
- 3 What languages does your child use when speaking to you?
- 4 What language does your child use when speaking to other family members?
- 5 What language(s) (if any) are spoken by adults at home?
- 6 What language does your child use most often when speaking with friends?
- 7 What language(s) does your child write?
- 8 Do you need important school communications translated in your first language?
Yes _____ No _____ If so, which language? _____

Parent/Guardian Signature _____ Date _____

Community Contact (if necessary) _____