Language Use Survey
St. Paul School District

The purpose of this survey is to determine if your child’s current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: __________________________________________ Grade Level: __________
School: ________________________________________________ Date of Birth: __________

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? **hear**__________ **use** (i.e., American Sign Language (ASL)) __________

2. Describe the language(s) your child **understands**.

   - ❑ No English
   - ❑ Mostly another language and a little English
   - ❑ English and another language equally
   - ❑ Mostly English and a little of another language
   - ❑ Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
   - ❑ Only English

3. What language(s) do adults most frequently **use** when speaking/conversing to your child?
   Parent/Guardian: ______________________ Parent/Guardian: ______________________
   Other Adults in the Home: _______________ Child-care Providers: _______________

4. What language(s) does your child **CURRENTLY speak/express** most frequently **outside of school**?

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).

6. Is there anything else you think the school should know about your child’s language use (e.g., what language did your child speak/express from ages 0-4?; did your child have speech classes?; did your child attend a bilingual pre-school?, etc.)?

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian Name: ________________________________
   Oral _____________ Written _______________ American Sign Language _____________
   Parent/Guardian Name: ________________________________
   Oral _____________ Written _______________ American Sign Language _____________

Parent or Guardian Signature ____________________________________________ Date __________

What is your relationship to the student? ______________________ (e.g., parent, grandparent, etc.)

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