

# Oakland Public Schools

Oakland, New Jersey

## HOME LANGUAGE SURVEY

Dear Parents or Guardians:

In order to comply with N.J. State Law, we are required to survey all students as to language use background, so that student help in this regard can be provided if necessary. We would appreciate your completing the form below and returning it to your child's school office. Thank you.

Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

1. What language or languages are spoken in your home? \_\_\_\_\_

\_\_\_\_\_

2. What was your child's first spoken language? \_\_\_\_\_

3. If English was not your child's first spoken language, at what age was your child first exposed to English?

\_\_\_\_\_

4. What language does your child use most often....

a. When speaking to you? \_\_\_\_\_

b. When speaking to brothers, sisters and friends? \_\_\_\_\_

c. When speaking to other adults in the home (grandparents, aunts, uncles)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Completed