

Beach Haven Elementary School

Student Registration Packet

Beach Haven School Home Language Survey

Parent/Guardian Questionnaire

PLEASE PRINT

Child's name: _____ Date of birth: _____
(first) (middle) (last)

Date of school entrance: _____

Person completing the survey: [] Mother [] Father [] Grandparent [] Guardian [] Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language (s) does the primary caregiver (s) speak to the child most of the time?

4. What language (s) does the child speak to his/her primary caregiver (s) most of the time?

5. What language (s) does the child speak to his/her brothers and sisters most of the time?

6. What language does the child speak to his/her friends most of the time? _____

Please list any preschool program(s) your child attended before coming to our program:

In which language do you wish to receive information from the school? _____

What name do you use for your child (if different from above)? _____

Sources:

Questions 1 – 8 are based on the NJ DOE Home Language Survey that was adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182