

Sitka School District  
**HOME LANGUAGE QUESTIONNAIRE**

*To the Parents: Please answer all questions and return it to school as soon as possible. Your cooperation in filling out this Home Language Questionnaire is appreciated. This document is used to comply with the Federal and State Regulations mandated in Bilingual/Bicultural programs. Thank you very much for your cooperation.*

**Part I – LANGUAGE BACKGROUND**

A. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

B. What language did your child first learn to speak? \_\_\_\_\_

C. Mother's name \_\_\_\_\_

First language learned by mother \_\_\_\_\_

D. Father's name \_\_\_\_\_

First language learned by father \_\_\_\_\_

E. Does anyone else in your home speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which language? \_\_\_\_\_

What is the relationship of this person to the student? Grandmother \_\_\_\_\_ Grandfather \_\_\_\_\_

Aunt \_\_\_\_\_ Uncle \_\_\_\_\_ Brother \_\_\_\_\_ Sister \_\_\_\_\_

Other/Relationship \_\_\_\_\_

**PART II – PARENT VERIFICATION OF LANGUAGE**

When your child speaks to your and/or your spouse he/she uses:

- \_\_\_\_\_ English only \_\_\_\_\_
- \_\_\_\_\_ Mostly English and some other language \_\_\_\_\_
- \_\_\_\_\_ English and the other language equally \_\_\_\_\_
- \_\_\_\_\_ Mostly the other language and some English \_\_\_\_\_
- \_\_\_\_\_ Only the other language \_\_\_\_\_

When your child speaks to his/her friends, he/she uses:

- \_\_\_\_\_ English only \_\_\_\_\_
- \_\_\_\_\_ Mostly English and some other language \_\_\_\_\_
- \_\_\_\_\_ English and the other language equally \_\_\_\_\_
- \_\_\_\_\_ Mostly the other language and some English \_\_\_\_\_
- \_\_\_\_\_ Only the other language \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_