

Madeira Preschool Home Language Survey

Date _____

Family Name _____ Child's First Name _____

Child's Date of Birth _____

Place of Birth: City _____ State _____ County _____

Name of Parent / Guardian: _____

Home Address: _____ City: _____ State: _____

Telephone: Home _____ Cell: (____) _____

For Parents / Guardians:

Please answer the following questions:

1. What language did your son / daughter speak when he /she first learned to talk?

2. What language does your son / daughter use most frequently at home?

3. What language do you use most frequently when speaking to your child?

4. What language do the adults at home most often speak?

5. How long has your child attended school in the United States?
