

Wall Township Public Schools
Home Language Survey

Student's Name: _____ Date: _____

Grade: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____

Cellular Phone: _____

Date of Birth: _____ Present Age: _____

Place of Birth: _____

Date of Student's Arrival in USA: _____ From (Country): _____

Previous School(s) Attended: _____

School/City: _____ Grade: _____ Date: _____

School/City: _____ Grade: _____ Date: _____

Did your child attend a Day Care Center or Pre-Kindergarten Program: Yes No

If yes, how long did your child attend? _____

Student's Ethnic Background: _____ Student's Language: _____

What language is used in the home? _____

What language did your child speak first? _____

Does your child speak a language other than the home language in other circumstances? Yes No

Child Speaks: English Spanish only Bilingual (both English & Spanish) Other

The Wall Township ESL Program was discussed with parent(s)? Yes No

Assisted by (Interpreter): _____