

**HOME LANGUAGE SURVEY**

**OSWAYO VALLEY ELEMENTARY SCHOOL**

Used to determine a primary or home language other than English (PHLOTE).

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Country of Origin \_\_\_\_\_  
Area code

Other Countries of residence (please list) \_\_\_\_\_

What was the first language your child learned to speak? \_\_\_\_\_  
\_\_\_\_\_

What language(s) does your child speak most often at home? \_\_\_\_\_  
\_\_\_\_\_

What language(s) is spoken most often in your home? \_\_\_\_\_  
\_\_\_\_\_

Survey conducted/completed by: \_\_\_\_\_

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