

Rockaway Borough Schools
Home Language Survey

Dear Parents:

We are required by the New Jersey State Department of Education to identify the primary or native language of all students enrolled in the Rockaway Borough School District. Please answer all questions and sign the form. School personnel will assist those who cannot read and/or respond to this form.

Thank you for your cooperation.

Name of Student: _____

Last Name

First Name

Middle Name

School: _____ Grade: _____

1. Is a language other than English spoken in your home? Yes No

If **NO**, go to number 10 and 11.

If **YES**, what is that language? _____

2. What language do you most often use when speaking to your child? _____

3. Does your child speak English? _____

4. What language is spoken by the adults in the home? _____

5. What language does your child most often use when speaking to brother, sisters, and other children at home?

6. What was the first (1st) language your child learned to speak? _____

7. Was your child born in a country other than the United States (U.S.)? Yes No

8. If **NO**, go to number 10 and 11. If **YES**, when did your child **FIRST** enter the U.S.? Month and Year:

9. If your child was born in another country, what was the date your child first enrolled in U.S. schools?

10. Parent/Guardian Signature _____ **11. Date** _____

*Definition of native language from NJ Dept. of Education: The language first used by the students, or the language most often spoken at home regardless of the language spoken by the student.