

ROBERT D. REYNOLDS SCHOOL

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Home Language Survey

Student's Name _____ Date of Birth _____

Last Grade Completed _____ School/Town _____

1. What language or languages are spoken in your home?

- English
- Other _____
- Other _____

2. What was your child's first spoken language?

- English
- Other _____

3. If English was **not** your child's first spoken language, at what age was s/he exposed to English? _____

4. What language does your child use most often when speaking to you?

- English
- Other _____

5. What language does your child use most often when speaking to siblings/friends?

- English
- Other _____

Parent/Guardian signature _____ Date _____

Copies of this form will be given to the ESL teacher and Guidance Counselor if any foreign language is indicated as being spoken.