



Delivering Extraordinary Value to Families

Steel Valley School District

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HOME LANGUAGE SURVEY

Student Name: _____ School: _____ Date: _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name and Address _____

Telephone _____ Country of Origin _____

Other countries of residence (please list) _____

1. What was the first language your child learned to speak?

2. What language(s) does your child speak most often at home?

3. What language(s) do you use when speaking to your child?

4. What language(s) is spoken most often in your home?

5. Does your child understand, but not speak a language(s) other than English?

6. Do your (parents/guardians) read and/or write English?

Survey completed by: _____