

# LaSalle/Putnam County Educational Alliance for Special Education

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## Student Language Survey

Student's Name:	Date of Birth:
School:	Grade:
Teacher:	Date:

**Check the best answer to each question by interviewing the student or from your knowledge of the student.**

1. Was the first language this student learned English?  Yes  No

2. Can the student speak a language other than English?  Yes  No

If yes, what language?

3. Which language does the student use most often when he/she speaks with his/her friends?  English  Other Specify:

4. Which language does the student use most often when he/she speaks to his/her parents?  Yes  No Specify:

5. Does anyone in the student's home speak a language other than English?  Yes  No

If yes, specify language spoken:

**Person completing this survey:**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_