



# IASA Home Language Survey

Student Name: \_\_\_\_\_

School: Islamic Academy of San Antonio

Date of Birth: \_\_\_\_\_  
Month                  Day                  Year

Grade: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City    State    Country

Has student ever attended any other school in the United States of America?                  Yes                  No

If Yes School Name: \_\_\_\_\_                  Year attended: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

1. What language(s) is spoken to your child most of the time at home? \_\_\_\_\_

2. What Language does your child speak most of the time? \_\_\_\_\_

3. Does your child understand spoken English?                  Yes                  No

4. Can your child write in English? (KG to 6<sup>th</sup>)                  Yes                  No

5. Can your child read English? (KG to 6<sup>th</sup>)                  Yes                  No

\_\_\_\_\_  
Signature of Parent or Guardian

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