



PENNSBURY SCHOOL DISTRICT
OFFICE OF PUPIL SERVICES
134 Yardley Avenue • Post Office Box 338
Fallsington, Pennsylvania 19058-0338
Telephone (215) 428-4182
FAX: (215) 428-5212

HOME LANGUAGE SURVEY - ENGLISH AS A SECOND LANGUAGE (ESL)

Student's Name: _____ DOB: _____ Grade: _____

Date: _____ Pennsbury School Attending: _____

Previous School Attended: _____

Did the student attend ESL at his/her Previous School: YES NO

If yes, how many years of ESL has the student received? _____

1. What language did the student learn first?

English Spanish Other (Please Specify): _____

2. What language is spoken in your home most of the time?

English Spanish Other (Please Specify): _____

3. What language does the student speak most of the time?

English Spanish Other (Please Specify): _____

4. Which language does the student use most often when he/she speaks to his/her friends?

English Spanish Other (Please Specify): _____

5. Which language does the student use most often when he/she speaks to his/her parents?

English Spanish Other (Please Specify): _____

Parent or Guardian Signature

Date