Nassau County
DEPARTMENT OF HEALTH
OFFICE OF CHILDREN WITH SPECIAL NEEDS
Early Intervention Program
Preschool Special Education Program
Physically Handicapped Children's Program
60 Charles Lindbergh Blvd., Suite 100
Uniondale, NY 11553-3683

HOME LANGUAGE SURVEY

1. What is your relationship to the child: Check one: ☐ Mother ☐ Father ☐ Guardian

2. English is the only language my child is exposed to: ☐ NO - Continue answering the questions below
   ☐ YES - Stop answering questions here.

3. What language did your child learn when he/she first began to talk?_____

4. What language(s) does your family speak in your home?_____

5. What language(s) does the mother speak to her child?_____

6. What language(s) does the father speak to his child?_____

7. What language does the caretaker speak to the child?_____ How often?_____

8. What language(s) does the child seem to respond to most readily?_____

9. What language does your child speak to his/her brothers and sisters most of the time?_____

10. Was the child born outside the continental United States?_____

11. How long has child been exposed to English?_____

    If less than 3 months, suggest 3 month wait.

12. Did the child spend time in a: ☐ Foster Home ☐ Orphanage