HOME LANGUAGE SURVEY

**ENGLISH VERSION**

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

 Last Name First Name

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_

Directions to Parents and Guardians:

The Federal Government has legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk?

 English\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_ (if other, please name\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Which language does your child most frequently speak at home?

 English\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_ (if other, please name\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Which language do you (the parents or guardians) most frequently use when speaking to your child?

 English\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_ (if other, please name\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**If you have marked languages other than English, the school must contact you within 30 days to arrange for mandatory testing for your child.**

Please sign and date this form in the spaces provided below, then return this form to the office. Thank you for your cooperation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/ Printed name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone number