



Home Language Survey

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

Date

Student's Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
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Parent/Guardian Name

School

1 Was your child born in the United States? Yes No

If **yes**, in which state? _____

If **no**, in which country? _____

2 Has your child attended any school in the United States for any three years during their lifetime? Yes No

If **yes**, please provide school name(s), state, and dates attended:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

3 If available, in what language would you prefer to receive communication from the school?

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

4 What language(s) did the student first learn to speak?

5 What language(s) are spoken in your home?

6 What language does the student use most often to communicate?

7 Additional Information:

Parent/Guardian Signature

Date

Original: Cumulative File
CC: ELA Teacher
Office of School & Family Partnerships

Office Use Only		
Student ID#	Date Distributed	Date Received