

HOME LANGUAGE SURVEY ENGLISH VERSION

Place this completed form in Student Cumulative Record Folder.

Form is to be completed once in a California School.

Surname / Last Name		First Given Name		Second Given Name
School:	Age:	Grade Level:	Teacher Na	me:
Note: School district personnel can l	nelp complete the inf	formation above only.		
Dear Parents and Guardians:				
student. This information is essentia	I in order for the sch	ool to provide adequate	e instructional pro	
As parents or guardians, your cooper questions listed below as accurately provided. Please do not leave any or provided.	as possible. For ea	ach question, write the r		
1. Which language did your	child learn when he	e/she first began to tal	lk?	
2. Which language does you	r child most freque	ently speak at home?		
Which language do you (the when speaking with your or the speaking with your or the speaking)		dians) most frequently	/ use	
 Which language is most of (parents, guardians, grand) 				
Please sign and date this form in the	e spaces provided be	elow, then return this fo	rm to your child's	teacher. Thank you for your cooperation.
Signature of Parent or Guardian			——— Date	

This procedure meets federal requirements for identifying and assessing language minority students in order to provide appropriate instructional support services for those students found to be limited English proficient.

Adapted from the California Department of Education