

Home Language Survey

School: _____

Date: _____

California Education Code requires that schools determine the language(s) spoken by each student. **This information is essential in order for schools to provide meaningful instruction for all students.**

Your cooperation in helping us meet this important requirement is requested by answering the following.

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GRADE	AGE
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1. What language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you (parent/guardian) use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home? _____

When the student's primary language is not English, the student will be required to take the California English Language Development Test within 30 days of his/her enrollment.

ADDITIONAL INFORMATION FOR STATE-MANDATED TESTING AND REPORTING PURPOSES:

Was your son/daughter born in the United States? _____ NO _____ YES

If no, list date of entry into the United States: _____
(mm / dd / yyyy)

If no, list country of origin: _____

If no, list the date your son/daughter first attended a United States school: _____
(mm / dd / yyyy)

If no, list the date your son/daughter first attended a California school: _____
(mm / dd / yyyy)

X _____
Signature of Parent or Guardian