

Date: _____ Initials: _____
 Previous District/School: _____

 (Include City & State)
 US Entry Date: _____ CA Entry Date: _____
For ELD Staff use only

HOME LANGUAGE SURVEY
ENGLISH VERSION

ID # _____



Name of Student: _____
 (Surname / Last Name) (First Given Name) (Second Given Name)

School: _____ Age: _____ Date of Birth: _____ Grade Level: _____ Teacher's Name: _____

Note: School District personnel should complete all of the information above this line.

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. 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 these requirements. 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. If an error is made completing this home language survey, you may request a one-time-only correction before your student's English proficiency is assessed for the first summative assessment.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below. Thank you for your cooperation. I was offered this form in my native language (if available); however, I prefer to use the English version. **(Please initial the box if you waive your rights to a form in your native language.)**

 Signature of Parent or Guardian

 Date