

HOME LANGUAGE SURVEY*
ENGLISH

Date: _____

Name of Student: _____
Last Name First Name Middle Name

Date of Birth: _____ Gender: _____ Age: _____ Grade Level: _____
(month/day/year)

School: _____ Teacher Name: _____

***A Home Language Survey (HLS) MUST ONLY be completed for NEWLY ENROLLED students in grades K-12. Parents or guardians who have previously completed a Home Language Survey do not need to complete this form a second time.**

Directions to Parents and Guardians:

The California *Education Code* contains 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? _____
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, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

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Date Processed:	Processed By:
Comments:	