

## **HOME LANGUAGE SURVEY**

Student	Name				Da	ate of Birth
	Last	First		Middle		
(ELs). I home, the	(s) or Guardian(s): Federal guidel If the answers to the following quest the student's English language profit Based on the results of these assessm	tions indicate that ciency will be evalu	a langu uated t	age other the ensure that	an, or in addition t services are offer	to, English is spoken in the ed to students who need
Please a	nswer the questions completely and	l accurately.				
1.	What is the primary language used in the home, regardless of the language spoken by the student?					
	Which language?				_	
2.	What is the language most often spoken by the student?					
	Which language?				_	
3.	What is the language that the student first acquired?					
	Which language?					
In which	h language do you prefer to receive	communication from	om the	school?		
	Which language?					
					First	Last
Parent o	or Guardian Signature		Day	Yr.	Print Name	
be the fi addition sure that Students assessm- school p than, or	Staff Members: This form must be a first document provided to parent(s), a to, English indicated for any of the tall questions are answered completes with a language other than, or in a cent. Students entering kindergarter prior to the beginning of the school in addition to, English should be returnet(s)/guardian(s) have a question ment Center at 703-204-4375.	guardian(s) during three questions, entely. ddition to, English a with a language, of year. Starting on the	the re nter the should other the he first egistrat	gistration pro is language in d be referred nan or in add day of school ion for regis	to student registra ition to, English mol, kindergarten st tration and assessr	language other than, or in mation system. Please make attion for registration and hay be registered at their base udents with a language other ment.