



PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

School District _____

This form is required by state and federal law.

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact the Asst. Superintendent at 907-966-1264.

Name: _____ Phone: _____ Email: _____

Student Name: _____ **Alaska Student ID #:** _____
(Last Name, First Name)

Place of Birth: _____ **Date of Birth:** _____ / _____ / _____
Month Day Year

School: _____ **Grade:** _____ **Gender:** Female Male

PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student? English Other _____
Specify
2. What language(s) does the student currently use in the home? English Other _____
Specify
3. Is this student participating in a student exchange program? Yes No
4. When did the student first attend a school in the United States (if known)? _____ / _____
Month Year

PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and state			
2. First language learned			
3. Language(s) spoken to the student			
4. Language(s) spoken in the adult's home			

* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Non-English	Mostly Non-English /Some English	Both Equally	Mostly English/Some Non-English	English Only
A. When speaking with family , (s)he speaks:					
B. When speaking with friends , (s)he speaks:					

PART IV: PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature: _____ Phone: _____
 Printed Name: _____ Date: _____