

## Home Language Survey

School: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

**Information for parents and guardians:** All public school districts in the United States are required to provide language assistance to the parent and guardians of student in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL services.

**Student Information:** Please complete this general information about your son or daughter:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Other \_\_\_

Country of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date first enrolled in a U.S. School: month \_\_\_\_\_ year \_\_\_\_\_

**Family Information:** Please complete this information about your family.

Name of parent/legal guardian: \_\_\_\_\_

Phone number: \_\_\_\_\_

Residential address: \_\_\_\_\_

Would you like school notices translated? \_\_\_ If yes, which language? \_\_\_\_\_

### **Questions about language:**

What language(s) does your child hear or speak in your home? \_\_\_\_\_

What language(s) did your child first hear or speak? \_\_\_\_\_

***If English is the only language listed above, you may skip over the next questions to the signature line. If another language is listed, please answer the following questions.***

What language(s) do you use with your child? \_\_\_\_\_

What language(s) does your child hear or use at home with relatives and friends? \_\_\_\_\_

What language(s) does your child use with people in your community? \_\_\_\_\_

Parent/Guardian Signature

Date