



**CASTRO VALLEY UNIFIED SCHOOL DISTRICT**

4400 Alma Avenue, Castro Valley, CA 94546 (510) 537-3000

**INFORMAL PRIMARY LANGUAGE ASSESSMENT**

<b><i>Student's Legal Last Name</i></b>	<b><i>First</i></b>	<b><i>Middle</i></b>	<b><i>DOB</i></b>

When you filled out the Home Language portion of the Enrollment form you indicated that you, your child, or someone in your home spoke a language other than English. We will test your child to determine his/her skills in English, and we would like to know more about your child's skills in your HOME LANGUAGE.

**SPEAKING AND UNDERSTANDING:**

Is your child able to understand almost everything that is said in his or her HOME LANGUAGE?  No  Yes

What percentage of time do you speak your HOME LANGUAGE to your child?

<input type="checkbox"/> 0%	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
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What language does your child speak at home?  Home Language:  
or  English

**READING AND WRITING:**

Please check the line that best describes your child's ability to read in the HOME LANGUAGE.  
 Does not read it  Reads it a little  Reads it well

Does your child write letters or messages to friends or relatives in the HOME LANGUAGE?  No  Yes

Please describe your child's ability to write in the HOME LANGUAGE:  
 Does not write in it  Writes in it sometimes  Writes in it well

**SCHOOL EXPERIENCE:**

If you came to the United States from another country, did your child attend school in that country?  No  Yes

If you answered "Yes" to the question above, how many total years did your child attend school in that country?  
 1-2 Yrs  3-4 Yrs  more than 4 Yrs

Thank you, if you have any questions about this form, please call the principal at your child's school