


Student Name	Birth Date	Grade

VALD**STA**
CITY SCHOOLS
Home Language Survey

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

1. Which language does your child **most frequently** speak at home? _____

2. Which language do adults in your home **most frequently** use when speaking with your child?

3. Which language(s) does your child currently understand or speak?

4. If possible, would you prefer notice of school activities in a language **other** than English?

Yes No

If yes, which language? _____

Signature of Parent/Guardian/Other

Date