<u>Instruction - Exhibit - Student Home Language Survey</u>

This form must be completed for each student entering the District for the first time. Students who indicate the use of a language other than English may be assessed as to English proficiency. Answers to this survey are useful in determining whether to administer further tests.

Student's Name (please print)	School			
Please circle the best answer to each quest	ion and provide add	itional info	rmation.	
Was English the first language the student learned?		Yes	No	
Can the student speak a language other than English?		Yes	No	
Is any language other than English used at home? If Yes, please indicate language used:		Yes	No	
•	often with perents?	English	Other:	
Which language does the student use most often with parents? Which language is used most often with other relatives?		English	Other:	
Which language does the student use most often with friends?			Other:	
Has the student attended school in a country other than the Unit		English		NI -
	•	ed States?	Yes	No
If Yes, please indicate the following:	Name of Country			
	Grades Attended			
	Language of Instru			
Has the student attended another school in		Yes	No	
If Yes, please indicate the following:	Name of School			
	Name of State			
	Grades Attended			
	Language of Instru	iction		
Please provide any other related information etc.):	on (i.e., referrals to gi	fted or spec	cial educa	ation programs,
Parent/Guardian (please print)				
Signature	Date			
LEGAL REF.:				
CROSS REF.:				
APPROVED: 8/17/2005				
REVISED:				