

(School District Name)
(School District Address)
(School District Phone Number)

HOME LANGUAGE SURVEY

STAFF MEMBERS: This form must be completed for all students registering in

To Be Completed by Parent of Guardian:

Student Name: _____ Date of Birth _____
Last First Middle Mo. Day Yr.

Parent(s) or Guardian(s):

Please answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purposes.

Thank you for your cooperation.

1. What was the first language that this student spoke? _____

2. Is there a language other than English spoken in the home? NO YES

Which language(s)? _____

3. Does the student speak a language other than English? NO YES

Which language(s)? _____

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE COMMUNICATION FROM THE SCHOOL?

_____/_____/_____
Parent or Guardian Signature Date Print Name

Home Language Survey Form- Parent **(School District Name)** **(School District Address)** **(School District Phone Number)**

Dear Parent/Guardian:

The Office of Civil Rights and Colorado Department of Education require school districts to determine the **dominant language spoken** by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

Student Name: _____
Last
First
Middle

Grade _____ Birth Date _____ Birth Place _____

School _____

1. Which language did you son or daughter learn when he/she first began to talk? _____
2. What language does your son or daughter use at home? _____
3. What language do you use when speaking to your child? _____
4. Name the language your child speaks with his/her friends outside the home. _____
5. Will you need someone to help Translate letters sent home? YES NO

- Check the box if your family has moved at some time in the past 3 years to look for work in:
- Agriculture (farming, dairy)
 - Orchards
 - A Nursery (trees, flowers, gardening)

 Signature of parent or guardian

 Date

 Translator's printed name (if utilized)

 Translator's signature

**Home Language Survey Form- Student
(School District Name)
(School District Address)
(School District Phone Number)**

Dear Student:

The Office of Civil Rights and Colorado Department of Education require school districts to determine the **dominant language spoken** by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

Student Name: _____
 Last First Middle

Grade _____ Birth Date _____ Birth Place _____

School _____

1. Which language did you learn when you first began to talk? _____

2. What language do you use at home? _____

3. What language do your parents use when speaking to you? _____

4. Name the language you speak with your friends. _____

5. Will your parents need someone to help Translate letters sent home? YES NO

- Check the box if your family has moved at some time in the past 3 years to look for work in:
- Agriculture (farming, dairy)
 - Orchards
 - A Nursery (trees, flowers, gardening)

Signature of Student

Date

Translator's printed name (if utilized)

Translator's signature

(School District Name)
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Primary/Home Language Survey

Directions:

1. Interview the parents/guardians of all new students (including preschool and kindergarten) at the time of enrollment and record all information requested.
2. Provide interpreting services whenever necessary.
3. Please check to see that all questions on the form are answered.
4. **If a student's survey indicates a native or home language other than English**, his or her English language proficiency should be evaluated by a **qualified Bilingual or ESL teacher**. Give one copy of this form to the ESL teacher who will then assess oral proficiency, literacy, and academic background using a reliable and valid language proficiency assessment.
5. Place the original survey form in the student's permanent file.

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S.:	Date first enrolled in any U.S. school:	
School Information			
Current School:			
Enrollment Date:	Current Grade:	Person Conducting Survey:	
Questions for Parents/Guardians		Response	
What is the native language of each parent/guardian?			
What language(s) are spoken in your home?			
Which language did your child learn first?			
Which language do you most frequently speak to your child?			
What other languages does your child know?			

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ESL/ELL Referral

Completed by: _____
Date: _____

Student Information Statistics

School District: _____ School Assigned: _____

Student's Last Name: _____ First Name: _____

Student's I.D.#: _____ Grade Level: _____ Sex: Male _____ Female _____

Student's Home Address: _____
Number Street City State Zip Code

Telephone Number: _____ Entry Date into U.S. _____
(Area Code) (Phone Number)

Date of Birth: _____ Place of Birth: _____

Language(s) spoken: _____

Parent's/Guardian's Name: _____

Telephone Number (Home): _____ (Work): _____

Home Language Survey

Schools are required under federal civil rights laws to identify all students whose home language is not English. Please take a few minutes to complete this questionnaire and have your child return it to his/her teacher promptly. Thank You.

1. What language did your child first learn to speak?

2. What language does he/she speak most often?

3. What language does your child most often speak in his/her home?

4. What language do you most often use when speaking to your child?

Signature of Parent/Guardian: _____ Date: _____

Name of Translator (If used): _____

(School District Name)
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Home Language Questionnaire

School: _____ Teacher: _____

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions and have your child return this form to his/her teacher. Thank you for your help.

Name of child: _____ Grade: _____ Age: _____

1. Which language did your child first learn to speak?	
2. What language does your child use most often at home?	
3. What language do you most often use to speak to your child?	
4. Does your child understand a language other than English?	
5. Has your child been influenced by a language other than English by someone such as a grandparent, babysitter, or other adult?	

Date: _____ Signature of Parent or Guardian: _____

(School District Name)
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Language History Questionnaire

Name	Date
Grade	School
Date of Birth	Gender

1. yes no Does the student speak a language other than English? (Do not count languages learned in foreign language classes.)
2. yes no Does the student understand a language other than English? (Do not count languages learned in foreign language classes.)
3. yes no Does anyone in the student's home speak a language other than English? (Count parents, guardians, babysitter, siblings, grandparents and others only if they live or work in the student's home.)
4. yes no Is the student attending the school as a foreign exchange student?

Stop here if the answer to questions 1 through 3 above are "no" or if the answer to 4 is "yes". **If any of the answers for questions 1 through 3 above are "yes", or the answer to 4 is "no" complete the following questions.**

Parent(s) Name(s)	Address	Telephone

Language Spoken

What was the student's first language?			
Including English, what language(s) does the student speak?			
If any of the following people work or live in the student's home, list the languages they speak (including English) and the percentage of time it is spoken in the home by the amount used:			
Family Member	Used Most (&)	Used Second (%)	Used third (%)
Father, guardian, stepfather			
Mother, guardian, stepmother			
Other children or siblings			
Grandparent			
Babysitter			
Other			

- yes no Has the student ever been in a bilingual educational or an English as a Second Language program?
- yes no Did the student exit the program? Exit Date: _____

**(School District Name)
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Home Language Questionnaire

School; _____ **Teacher :** _____

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions and have your child return this form to his/her teacher. Thank you for your help.

Name of child: _____
Last First Middle Grade Age

1. Which language did your child first learn to speak? _____
2. What language does your child use most often at home? _____
3. What language do you most often use to speak to your child? _____
4. In what country was your child born? _____
5. If your child was not born in the USA, what date did they enter the USA? _____

Signature of Parent or Guardian

Date

Preguntas del Lenguaje Hablado en Casa

Escuela: _____ **Profesor/a:** _____

Nuestra escuela necesita saber el lenguaje y oído en casa por cada niño/a. Esta información es necesaria para proveer la mejor instrucción posible para todos los alumnos. Por favor de contestar las siguientes preguntas y regrese esta forma con su hijo/a al profesor. Gracias por su ayuda.

Nombre del alumno: _____
Apellido Primer nombre segundo Grado Edad

1. Que idioma comenzó su hijo/a hablar primero? _____
2. Que idioma usa más su hijo/a en la casa? _____
3. Que idioma usa usted con más frecuencia para hablar con su hijo/a? _____
4. En que país nació su hijo? _____
5. Si no nació en los EEUU en qué fecha entró su hijo/a a los EEUU? _____

Firma del Padre o Guardian

Fecha

_____ **School District**
(School District Address)
(School District Phone Number)

Dear parent of Guardian,

Your child's Registration Form indicates that a language other than English is spoken in your home. The completion of the Home Language Inventory is required by the Colorado Department of Education for any student with a language other than English. The additional information is needed to assist us in planning appropriate programs of instruction to meet the needs of our students.

Please answer each question; sign the form and return to your child's teacher at the time of registration. (If you have already filled out this form in previous years, there is no need to complete the form again) Thank you.

HOME LANGUAGE SURVEY

Sasid # _____ Student Name _____
School _____ Teacher _____ Country of Birth _____
Birthdate _____ Age _____ School Year 20 ____ Grade _____

1. What was the first language the student learned to speak? _____
2. What language does the student speak most often? _____
3. What is the language most often spoken in the student's home, regardless of what the student speaks?

4. Is another language spoken at home to this student? Yes _____ No _____
5. Does the student understand the other language spoken at home? Yes _____ No _____
6. Does the student speak the other language spoken at home? Yes _____ No _____
- Are there other family members in the home speaking the other language? Yes _____ No _____
7. If yes, indicate whom: Mother _____ Father _____ Grandmother _____ Grandfather _____
Brother _____ Sister _____ Aunt _____ Uncle _____ Cousin _____

Date _____ Parent/Guardian Signature _____

Estimados Padres o Tutores,

El formulario de Inscripción de su hijo(a) indica que en su hogar se habla un idioma diferente al inglés. El Departamento de Educación del Estado de Colorado requiere que su formulario de Inventario del Lenguaje del Hogar sea completado por un estudiante que tenga un idioma diferente al inglés. Se necesita la información adicional para ayudarnos en la planificación de los programas de instrucción apropiados para atender las necesidades de nuestros estudiantes.

Por favor contesten todas las preguntas; firmen el formulario y devuélvanlo al/a la maestro(a) de su hijo(a) al momento de inscripción. (Si ustedes ya llenaron este formulario en años anteriores, no hay necesidad de que lo llenen de nuevo.) Gracias.

QUESTIONARIO DEL LENGUAJE DEL HOGAR

No. De Matrícula _____ Nombre del Estudiante _____
Escuela _____ Maestro(a) _____ País de Nacimiento _____
Fecha de Nacimiento _____ Edad _____ Año Escolar 20 ____ Grado _____

1. Cuál fue el primer idioma que el/la estudiante aprendió a hablar? _____
2. Que idioma habla el/la estudiante con más frecuencia? _____
3. Qué idioma se habla más frecuentemente en el hogar, sin tomar en cuenta que idioma habla el estudiante? _____
4. Se le habla otro idioma (español) que se habla en casa al estudiante? Si _____ No _____ a veces _____
5. Entiende el estudiante el otro idioma (español) que se habla en casa? Si _____ No _____ a veces _____
6. Habla el estudiante el otro idioma (español) que se habla en casa? Si _____ No _____ a veces _____
7. Hay otros miembros de la familia en casa que hablan el otro idioma (español)? Si _____ No _____ a veces _____
8. Si contestó que sí, quiénes son esas personas? Mamá _____ Papá _____ Abuela _____ Abuelo _____ Hermano _____
Tía _____ Tío _____ Primo(a) _____ Otro(a) _____

Fecha _____ Firma del Padre/Madre/o Tutor(a) _____

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HOME LANGUAGE SURVEY

Student's Name _____ Date _____

Date of Birth _____ Grade _____ School Year _____

To be completed by parents upon student enrollment to determine student's status as language minority.

1. What is the native language of the student? _____
2. What is the predominant language of the parents? _____
3. What language is most often spoken at home? _____

If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

Note: Efforts should be made to translate this form into the predominant language of the parent.