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
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: _________________________________________________________________

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:

  o Agriculture (farming, dairy)
  o Orchards
  o 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:
   o Agriculture (farming, dairy)
   o Orchards
   o A Nursery (trees, flowers, gardening)

__________________________________    ___________________
Signature of Student       Date

__________________________________    ___________________
Translator’s printed name (if utilized)     Translator’s signature
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.

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Gender: F □ M □</td>
</tr>
<tr>
<td>Country of Birth:</td>
</tr>
<tr>
<td>Date of Entry in U.S.:</td>
</tr>
<tr>
<td>Date first enrolled in any U.S. school:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current School:</td>
</tr>
<tr>
<td>Enrollment Date:</td>
</tr>
<tr>
<td>Current Grade:</td>
</tr>
<tr>
<td>Person Conducting Survey:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions for Parents/Guardians</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the native language of each parent/guardian?</td>
<td></td>
</tr>
<tr>
<td>What language(s) are spoken in your home?</td>
<td></td>
</tr>
<tr>
<td>Which language did you child learn first?</td>
<td></td>
</tr>
<tr>
<td>Which language do you most frequently speak to your child?</td>
<td></td>
</tr>
<tr>
<td>What other languages does your child know?</td>
<td></td>
</tr>
</tbody>
</table>
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): _____________________________
Home Language Questionnaire

Please answer the following questions and have your child return this form to his/her teacher.

1. Which language did you 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: ______________________
# Language History Questionnaire

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Grade</th>
<th>School</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Parent(s) Name(s)</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Used Most (&amp;)</th>
<th>Used Second (%)</th>
<th>Used third (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father, guardian, stepfather</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother, guardian, stepmother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other children or siblings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babysitter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ 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: ________________
Home Language Questionnaire

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

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
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 __ ____
7. Are there other family members in the home speaking the other language? Yes _____ No ___
   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. ¿Qué 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) ____________________________
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.