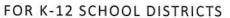


## **HOME LANGUAGE SURVEY**





STUDENT INFORMATION						
Student Name		Middle	Last	G	rade	
Date of Birth Gender School						
1.	What is the dominant language <b>most often</b> spoken by the student?					
2.	What is the language <b>routinely</b> spoken in the home, regardless of the language spoken by the student?					
3.	What language was <b>first</b> learned by the student?					
4.	Does the parent/guardian need <b>interpretation</b> services?					
5.	Does the parent/guardian need <b>translated</b> materials? Yes No If so, what language?					
6.	What was the date the student first enrolled in a school in the United States?					
7.	In what country was the student born?					
Parent / Guardian Signature						ate (MM/DD/YYYY)
DISTRICT USE ONLY						
Designated English Learner on the LAS Links Screener						
DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT						
	Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score