LODI UNIFIED SCHOOL DISTRICT HOME LANGUAGE SURVEY

Name of Student:	,	
(Last Name)	(First Name)	(Middle Name)
Age of Student: Grade Level:		
Directions to Parents and Guardians:		,
The California <i>Education Code</i> contains legal requirements which dire begins with determining the language(s) spoken in the home of each structure student's proficiency in English should be tested. This information is experiences.	udent. The responses to the hi	ome language curvey will aggist in determining if
As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.		
1. Which language did your child learn when he/she first began to	talk?	
2. Which language does your child most frequently speak at home	e?	
3. Which language do you (the parents or guardians) most frequer when speaking with your child?	ntly use	
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)		
Please sign and date this form in the spaces provided below, then return	n this form to the school office	e. Thank you for your cooperation.
Signature of Parent or Guardian	D	Pate

- By signing this document, I confirm that the information provided above is accurate.
- Furthermore, I understand that if any one of questions 1, 2, or 3 have a language other than English, my child will be assessed for their English Language proficiency within 30 calendar days. INITIAL Identification only.

Distribution Instructions:

Original -To be placed in cum file

Copy 1 - Parent

Copy 2 - If any items 1-3 have an answer other than English, place in green folder