

## Home Language Questionnaire

ED-01336-08E

*The following is to be completed by School District Personnel:*

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

  

DISTRICT INFORMATION/VERIFICATION INFORMATION		
School name	District number	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.		
_____ Name (Printed)		
_____ Signature – Responsible Authority	_____ Title	_____ Date

*The following is to be completed by Parent/Guardian:*

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i>  <i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i>  <i>Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date