

# Decatur City Schools

Telephone (256) 552-3000



212 4<sup>th</sup> Avenue N.E.- Decatur, Alabama 35601

## HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Student \_\_\_\_\_

First Name

Middle Initial

Last Name

Parent or Guardian \_\_\_\_\_

First Name

Middle Initial

Last Name

Address \_\_\_\_\_

House #

Street

Apt #

City

State

Zip Code

Phone Number \_\_\_\_\_

Home

Cell

Work

- Student's date of birth: \_\_\_\_\_ (Month/Date/Year)  
Was your student born in the United States? ☐ Yes ☐ No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_  
If no, date student entered the United States: \_\_\_\_\_ (Month/Date/Year)
- Has your student attended any school in the United States for three years or more? ☐ Yes ☐ No  
If yes, please provide school name(s), state and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ StartDate \_\_\_\_\_ EndDate \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ StartDate \_\_\_\_\_ EndDate \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- What language is spoken by you and your family most of the time?  
Home Language \_\_\_\_\_
- Do you require written translation or oral interpretation of district-level and school-level communications? ☐ Yes ☐ No  
Translation Language 1: \_\_\_\_\_  
Translation Language 2: \_\_\_\_\_
- Is your child's native language anything other than English? ☐ Yes ☐ No  
Native Language: \_\_\_\_\_
- What is the language the Student first acquired?  
Acquired Language: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Student State ID#	Date Received	Date WAPT/WIDA Sent to EL Teacher	Notes