



## PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

### COPPER RIVER SCHOOL DISTRICT

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact the school principal.

**Student Name:** \_\_\_\_\_ **Alaska Student ID #:** \_\_\_\_\_  
(Last Name, First Name)

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Gender:** Female Male

#### **PART I: STUDENT LANGUAGE BACKGROUND**

1. What is the first language learned by the student? English Other \_\_\_\_\_  
Specify
2. What language(s) does the student currently use in the home? English Other \_\_\_\_\_  
Specify
3. Is this student participating in a student exchange program? Yes No
4. When did the student first attend a school in the United States (if known)? \_\_\_\_/\_\_\_\_  
Month Year

#### **PART II: FAMILY LANGUAGE BACKGROUND** (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken <b>to the student</b>			
4. Language(s) spoken <b>in the adult's home</b>			

\* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

#### **PART III: PARENT VERIFICATION OF LANGUAGE USE** (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	Only English
A. When the student speaks with <b>family</b> , he/she speaks:					
B. When the student speaks with <b>friends</b> , he/she speaks:					

Parent/Guardian Signature:	Phone Number:
Printed Name:	Date: