Home Language Survey

	Date:
Sc	chool District:
	ame of Student:
	Family Name/First Name/Middle Initial
Da	ate of Birth: Place of Birth: City/State/Country
	Month/Day/ Year City/State/Country
Na	ame of Parent/Guardian:Family Name/First Name
	ramily Name/First Name
Ho	ome Address:
Cit	ty: State: ZIP Code:
Но	ome Phone: Work Phone:
Ple	or Parents/Guardians: lease answer the following questions. What language did your son or daughter speak when he or she first learned to talk?
١.	What language did your son or daughter speak when he or she hist learned to talk:
2.	What language does your son or daughter use most frequently at home?
3.	What language do you use most frequently to your son or daughter?
4.	What language do the adults at home most often speak?
5.	How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.