

Home Language Questionnaire

MATANUSKA SUSITNA BOROUGHSCHOOL

(Parent Language Survey)

Upon initial enrollment in school, a Home Language Questionnaire must be completed for every student. If a language other than English is part of a student's language background, state and federal law require us to test his/her English proficiency. This form will not be used for immigration matters or reported to immigration authorities.

STUDENT NAME: DATE OF BIRTH: / / DISTRICT ID# (LAST NAME, FIRST NAME) MONTH DAY YEAR
PLACE OF BIRTH: SCHOOL: GRADE:
Has this student attended school outside of U.S.? No Yes
If Yes, Circle grades completed outside of the US: K 1 2 3 4 5 6 7 8 9 10 11 12
Date student first entered U.S. school Participating in an exchange program?: \Box No \Box Yes
Please list ALL languages spoken in this student's home: English Other:
What is the <u>first</u> language this student learned to speak/use? English Other:
IF ENGLISH IS THE ONLY LANGUAGE ABOVE, <u>STOP</u> AND PLEASE SIGN AND DATE AT THE BOTTOM OF THE FORM. IF A LANGUAGE OTHER THAN ENGLISH IS WRITTEN IN ABOVE, PLEASE CONTINUE AND COMPLETE ENTIRE FORM.
I. WHAT LANGUAGE(S) DOES THIS STUDENT SPEAK? ENGLISH OTHER: *DO NOT INCLUDE LANGUAGES THAT YOUR CHILD IS LEARNING/HAS LEARNED IN SCHOOL
2. What language(s) does this student understand?
3. What is the main language(s) student uses at home?
4. What was first language spoken by mother/guardian 🗌 English 🗎 Other:
5. What was first language spoken by father/guardian 🗌 English 🗎 Other:
6. Is there another adult who influenced this student's language development? ☐ No ☐ Yes
If Yes, relationship to student
If Yes, Language spoken
7. What language(s) do you (the parent/guardian) most frequently use at home? English Other:
Parent/guardian signature: Date:
Parent/guardian printed name:
Do you as a parent/guardian need to communicate with the school in a language other than English?
□ NO □ YES IF YES, PLEASE SPECIFY LANGUAGE: