

PARENT/GUARDIAN HOME LANGUAGE SURVEY

STUDENT INFORMATION

Student's Name _____ School _____ Grade _____
Last First Middle

Date of Birth (mm/dd/yy) _____

District _____ District ID _____

Language(s) other than English used by student _____

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____

Relationship to Student _____

First Name _____ Last Name _____

Relationship to Student _____

Parental/Guardian preference for languages used for school communications (may be multiple):

Parental/Guardian Name _____

Oral _____

Written _____

Parental/Guardian Name _____

Oral _____

Written _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date of Administration ____/____/____

Signature of Person Completing the Survey

Date Signed

FOR STAFF COMPLETION			
ESL File Opened: <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date:	Today's Date:	Test:
ESL Evaluator:	ESL Level:	Placement:	

Adopted: 04/27/2020
Revised: