

NORTH CAPE SCHOOL DISTRICT

**HOME LANGUAGE SURVEY
[To be completed by Student's Parent or Guardian]**

To make sure that all students receive the educational services that they need, the law requires us to ask questions about students' language backgrounds. The answers to these questions will (1) assist the North Cape School District in determining whether a student's proficiency in English may need to be evaluated, and (2) assist the District in communicating with the home. Thank you for your assistance. Your answers to this survey are used for school purposes only.

DIRECTIONS: (1) Please fill out a separate Home Language Survey for each child; (2) respond to each question; (3) sign the form; and (4) return the completed form to the school office.

Student's Name: _____ Parent/Guardian Name(s): (Please Print) _____
Student's Date of Birth: _____ _____

1. What is the primary language spoken in the student's home, regardless of the language(s) spoken by the student?
 English Other Language (Please specify) _____
2. What language did your child first learn?
 English Other Language (Please specify) _____
3. What is the primary language that you use when speaking to your child?
 English Other Language (Please specify) _____
4. What is the language most often spoken by your child when not at school?
 English Other Language (Please specify) _____
5. Is there an adult in your home who can read and understand English? Yes No
If not, what language(s) can be read and understood? _____
6. When different options are available, in what language would you prefer to receive information from your child's school?
 English Other Language (Please specify) _____

Parent or Guardian Signature Date

If you have questions about this survey, please contact _____.