

HOME LANGUAGE SURVEY

TITLE III

TO BE FILLED OUT BY RECEIVING SCHOOL:

School:	Date:
---------	-------

TO BE FILLED OUT BY PARENT/GUARDIAN (Please print):

Student's Name:	Parent/Guardian Name:
Grade:	Birth date:

1. What is the language most often spoken by the student?

2. What is the language that the student first acquired?

3. What is the primary language used in the home, regardless of the language spoken by your child?

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

DATE RECEIVED BY SCHOOL: _____ DATE RECEIVED BY RCBOE: _____

SCREENING DATE: _____ DATE PLACED IN PROGRAM: _____

SCHOOL OFFICE INSTRUCTIONS:

1. Keep all original forms in student's Permanent Record File
2. **If another language is spoken by the student or members of their home, please immediately FAX a copy of this form AND a signed AUP form to: Federal Programs**, Attention: ESL, @304-256-4556 or email to maryan@k12.wv.us

Adapted from WVDE and OCR/DOJ approved home language survey questions, August 2020