

# HOME LANGUAGE SURVEY

## TITLE III

### TO BE FILLED OUT BY RECEIVING SCHOOL:

School:	Date:
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### 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*

