KEY FOR INTERPRETING THE HOME LANGUAGE SURVEY

If the family answers any language BESIDES English to the highlighted questions, the child qualifies to be tested for participation in Title III.

Stı	udent Name:			Date:	
School:					
Birth Date:		Gender:	Grade:	Grade:	
Form Completed by:					
Parent/Guardian Name Relationship to			ship to Studen	t	
Parent/Guardian Signature					
In what language(s) would you prefer to receive communication from the school?					
In what country was your child born?					
2. What language did your child first learn to speak?					
3.	What language does YOUR CHI	LD use the most at home?			
4.	What is the primary language use language spoken by your child?	ed in the home, regardless of the			
5.	Has your child received English previous school?	language development support in a	Yes No Don't F		
6.	·			n what language(s) was ion given?	
			For hov	w many months?	
7.	When did your child first attend a (Kindergarten – 12 th grade)	a school in the United States?	Month	Day Year	

This form has been adapted from the OSPI Home Language Survey. If an answer other than English is recorded for question 2 or question 3, the child should receive English language proficiency placement testing for Title III services to Catholic schools. This form is available in multiple languages at http://k12.wa.us/MigrantBilingual/HomeLanguage.aspx.