HOME LANGUAGE SURVEY

	Name of Student:			
		(Surname / Family Name)	(First Given Name)	(Second Given Name)
	Age of Student: _	Grade Level:	Teacher Name:	
Directi	ons to Parents and G	uardians:		
begins	with determining the t's proficiency in Eng	language(s) spoken in the home of each	direct schools to assess the English langua ch student. The responses to the home lang is essential in order for the school to prov	uage survey will assist in determining if a
as acci	rately as possible. F vered. If an error is m	or each question, write the name(s) of	ng with these requirements. Please respond the language(s) that apply in the space pro- rvey, you may request correction before yo	vided. Please do not leave any question
If a lai test.	nguage other than E	nglish is listed in questions 1-3, the s	tudent will be REQUIRED to take Calif	ornia's English Language Proficiency
1.	Which language did	l your child learn when he/she first beg	gan to talk?	
2.	Which language do	es your child most frequently speak at	home?	
3.	Which language do when speaking with	you (the parents or guardians) most from your child?	equently use	
4.	2 2	most often spoken by adults in the hom grandparents, or any other adults)		
Please	sign and date this for	m in the spaces provided below, then I	return this form to your child's teacher. That	ank you for your cooperation.
Signat	ure of Parent or Guar	dian	Date	

Form HLS, Revised December 2016, PAUSD adapted October 2017 California Department of Education