

DOUGLAS COUNTY SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Date: _____ Home School: _____

Student's Name: _____
(same as Birth Certificate) first name middle name last name

Date of Birth: _____ Grade: _____ Country of Birth: _____

Parent's or Guardian's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work or Cell Phone: _____

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This is in accordance with the English Language Proficiency Act of Colorado and the Office for Civil Rights to assist schools in developing equal opportunities for any student whose dominant language is not English. Thank you for providing this information.

1. What language or languages did your child use when he/she first began to talk? _____
2. What language is primarily spoken in the home by the parents/guardians? _____
3. Did your child attend school in another country? (circle one) **NO** **YES**
If YES: How many years? _____ Which country? _____
4. What language or languages does your child read? _____
5. What language or languages does your child write? _____
6. Has your child **ever** been in a bilingual or English as a Second Language Program? _____
7. What was the **last grade** in which he/she was enrolled in that program? _____

Parent or Guardian's signature _____ Date _____

DISTRIBUTION: Give original **to ESL** teacher for your building. Please keep a copy in each student's cum file.
Call 303/387-0193 for more information.