

Home Language Questionnaire
 ED-01336-08E

The following is to be completed by School District Personnel:

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION	
School name	District number
<p>I hereby verify that the above information is true and accurate to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature – Responsible Authority Title Date</p>	

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i> <i>In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
<p>I hereby verify that the above information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature – Parent/Guardian Date</p>	