



**ALPINE SCHOOL DISTRICT
ALTERNATIVE LANGUAGE SERVICES
Home Language Survey**

School _____ Registration Date _____
mm/dd/yyyy

Student's name _____

Student school ID number _____
First Last
Grade _____

Birth date _____ Gender _____ Country of Birth _____
M/F

Parent/Guardian's Name _____

If born outside USA, enter date first enrolled in USA schools: _____

Location of last school _____

HOME LANGUAGE QUESTIONS:

1) What language did your child learn when first beginning to talk? _____

2) What language does your child most frequently use at home? _____

3) What language do you most frequently speak to your child? _____

4) What language does the primary caregiver speak to your child? _____

5) What is the language most frequently spoken at home? _____

6) Has the student had academic instruction in a language other than English? _____ YES _____ NO
How long? _____ Language _____

7) If available, in what language would you prefer to receive communication from the school? _____

8) **Native American Question:** Is the student's English language influenced by the Tribal Language through a parent, grandparent, relative or guardian? _____ YES _____ NO

9) Describe the language **understood** by your child. (Check only one)

- a) _____ Understands only the home language and no English.
- b) _____ Understands mostly the home language and some English.
- c) _____ Understands the home language and English equally.
- d) _____ Understands mostly English and some of the home language.
- e) _____ Understands only English.

Person completing this form: _____

Parent/Guardian Signature _____