

RIVERSIDE LOCAL SCHOOL DISTRICT HOME LANGUAGE SURVEY

To be completed by parents of ALL students at the time of enrollment

Federal guidelines require that school districts identify and serve students who are limited English proficient and need English instructional services. If a language other than English is listed, we will test the student's need for English as a Second Language services.

Student Name _____ Sex M F Birth Date _____

Grade _____ School _____ Place of Birth _____

Address _____ Phone Number _____

Name of Parent / Guardian _____

	English	Other	Other Language(s)
1) What was the first language your child spoke?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does your child most frequently use at home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language is most often spoken by the adults in your home?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4) Can an adult family member or extended family member **speak** English? **yes** **no**
Can they **read** English? **yes** **no**
If "no," is there a neighbor, friend, or relative who can help translate letters sent home? **yes** **no**
Name of interpreter _____ Phone Number _____

5) If English is NOT your primary language, has your child **studied English?** **yes** **no**
If **"yes,"** how long? Number of years _____ Or months _____

6) **How long has your child lived in the United States?** _____

7) Has your child attended any other school in the United States? **yes** **no**
If **"yes,"** Name and location of school _____

8) **Date that your child was first enrolled in school in the United States** _____

SIGNATURE OF PARENT / GUARDIAN _____

For School Personnel: This form should remain in the student's permanent file through graduation. If the parent checks **"Yes"** or specifies **Other Language(s)**, please send a **COPY** to the ESL Coordinator, Hale Rd. School.