

CAPISTRANO UNIFIED SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Name of Student _____

_____	_____	_____	_____	_____	_____	_____
	Last Name	First Name	Middle	Grade	Date of Birth	Age

_____	_____	_____	_____
Today's Date	Entering School (CUSD)	Prior School Name	Prior School District Name

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language(s) did your child learn when he/she first began to talk? _____
2. Which language(s) does your child most frequently speak at home? _____
3. Which language do you (parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? _____

Signature of Parent/Guardian

Date