

DURANGO SCHOOL DISTRICT 9R HOME LANGUAGE SURVEY

School _____

Date: _____

Student's Name _____

Student's Date of Birth: _____

Grade: _____ (K—12)

Parent/Guardian Name

Current Address

Parent/Guardian's phone number

Is student transferring from an ESL/ELL program in another school district?

0 Yes 0 No

If your child **understands and speaks ONLY English at home**

(do not include foreign language learned in the school setting), sign, date, and return this to your school's secretary. Do not continue to the right side of this form.

Date

Parent/Guardian's Signature



Form updated April 2007

If your child **speaks or understands a home language OTHER THAN English**, what is it? _____

***To what extent does your child speak or understand this language?

- only the other language and NO English
- other language more often than English
- other language and English equally
- English more often than the other language

***To what extent do YOU (the parent) speak this language to your child?

- only the other language and NO English
- other language more often than English
- other language and English equally
- English more often than the other language

***Do the adults in your home speak to each other on a DAILY basis in this language? Yes No

If YES, does your child understand the conversation? Yes No

If YES, does your child participate in the conversation? Yes No

Date

Parent/Guardian's Signature