Home Language Survey

(To Be Completed by Parent/Guardian, Trained Designated School Personnel with Translation Services Provided mandated by state law)

School:	Student ID#:
Student's Last Name:	Student's First Name:
2. Identifies a stu	anguage Survey (HLS): dent whose home language is not English; and, dent who will be tested on the skills of listening, speaking, reading, and writing in ish for additional support.
This information cann	ot be used for immigration matters or reported to immigration authorities.
Parents/Guardians/Fa	mily Members:
with the regular educate. Your child is entitled 3. If your student qualities school through the 4. You cannot opt out o	cy test determines if your student needs a language support services program along tion program. to these language support services as a Civil Right. fies for language services, you can opt out of the Language Service program offered by Annual Notification Letter. of the annual English proficiency assessment since it provides teachers with information dieducational experience for your student.
School Responsibilities	<u>5</u> :
a language other than English speaking peers.	ested for services within 30 days of registration or within 10 school days of entry into
 What is student? What is 3. What is 4. What land 	target the most relevant information include the following: the primary language used in the home, regardless of the language spoken by the the language most often spoken by the student? the language that the student first acquired? nguage do you prefer for school-to-home information? ur family come from a refugee background?

Parent/Guardian Signature: ______ Date: _____