

Student:

Riverside Unified School District Department of Research, Assessment, and Evaluation

Home Language Survey

First Name

Assessment Center Use C	Only: STU-ID:				
School Year	School:				
Appointment Date: Distribution: Original = Cum	Time: Copy = Assessment Center (Fax 80881)				
Calif. Ed. Code §52164.1.a	Required per NCLB & Title III Regulations				

Grade

Birthdate

Instructions for parents/guardians: The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of the student. 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.

Middle

Student's Address Apt. #		City	State	State Zip		Home Phone		
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ı. Name of Previous School, District Attended	City	State	2 Name of Previ	ous School, I	District Attended	City	State	
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lease read and answer each question	on carefully t	o assist the sch	ool in planning the mos	st appropri	ate educational pro	ogram for you	r chila:	
1. Which language did your c	hild learn wh	en he or she fir	st began to speak?					
2. Which language does your	child use me	ost frequently at	t home?					
3. Which language do you us	e most freau	ently to speak to	o vour child?					
4. Name the language spoker	most often	by the adults at	home?					
Would you like to have school corresent home to you translated in Eng		language? E	nglishOther Language	X	Signature of Parent/Guardia	n	/ Date	
,		· · —						
			Write in the language		Printed name of	Parent/Guardian		

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Form revised 12-20