



Home Language Survey

Dear Parent/Guardian:

The Office of Civil Rights and North Carolina State Department of Education require school districts to determine the dominant language spoken by each student to help provide meaningful instruction for all students.

Please answer the following questions and return with your completed enrollment application. This questionnaire becomes a part of the School's official documentation of language assessments.

Thank you for your help.

Name of Student: _____
Last First Middle

Grade: _____ Date of Birth: _____

1. Which language did your son or daughter learn when he/she first began to talk? _____
2. What language does your son or daughter use at home? _____
3. What language do you use when speaking to your child? _____
4. Name the language your child speaks with his/her friends outside the home. _____
5. Name the language in which you would like correspondence from school. _____
6. Do you have a neighbor, friend or relative who can help you translate letters sent home? ☐ YES ☐ NO

Signature of parent or guardian

Date

Translator's printed name and phone number (if utilized)

Translator's signature