

Missoula County Public School District 1
HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female
 Parent or Guardian Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language is spoken by you and your family most of the time at home? _____
4. Is there a tribal or heritage language spoken by you or your family within the past few generations? Yes No
 If yes, what language or languages? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

5. If available, in what language would you prefer to receive information from the school? _____

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	