ST. VRAIN
academic excellence by design

2015/2016
HOME LANGUAGE SURVEY

School Use Only		
HYGIENE ELEMENTARY SCHOOL		
Student ID	Grade	Date Enrolled

SCHOOLS: Please send FULLY completed original form to the ELA Office if a language other than English is indicated. File copy in student cum. folder.

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. If appropriate a valid English language proficiency assessment will be administered within 30 days to determine the most appropriate Language Instructional Educational Program (LIEP) for your child.

Student First Last Name	Student Second Last Name	Student First Name	Student Middle Name
Student Country of Birth:		Student Date of Birth: / /	

Did your child attend school in another country? Yes _____ No _____

_____ Which country? _____ How many years? _____ Language(s) of instruction

Has your child previously attended St. Vrain Valley School District? Yes _____ No _____

_____ Which pre school? _____ Which school(s)? _____ Language(s) of instruction

1. What is the primary language of the home? _____
2. What language(s) did your ***child*** use when he/she first began to talk? _____
3. What language(s) does your ***child*** speak at home? _____
4. In what language(s) does ***your child*** read and write? read _____ write _____
5. What language(s) do ***adults in home*** use when they speak to your ***child***? _____

_____
parent/guardian signature

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Parents have been informed of the option for Bilingual or ESL programming for Spanish speaking students	school initials			Bilingual		ESL