Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

School:	Stu	dent Name:		Grade Level:	
literature, etc.)? hearuse (i.e., ASL)	School:			Date of Birth:	
No English Mostly another language and a little English English and another language equally Mostly English and a little of another language Tribal or Native Language Only English 3. What language(s) do adults most frequently use when speaking/conversing to your child? Father/Guardian:	1.				
Mostly another language and a little English English and another language equally Mostly English and a little of another language Tribal or Native Language Only English 3. What language(s) do adults most frequently use when speaking/conversing to your child? Father/Guardian: Mother/Guardian: Other Adults in the Home: Child-care Providers: 4. What language(s) dod your child speak/express from 0-4 years of age? 5. What language(s) does your child CURRENTLY speak/express most frequently outside of school? 6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.). 7. Is there anything else you think the school should know about your child's language use? Parent Questions: In what language(s) do you want to receive information from the school (if available)? Father/Guardian: Oral Written American Sign Language Parent or Guardian Signature American Sign Language	2.	Describe the language(s) your child understands.			
Father/Guardian:		 Mostly another English and and Mostly English a Tribal or Native 	other language equa	lly	
Other Adults in the Home: Child-care Providers: 4. What language(s) did your child speak/express from 0-4 years of age? 5. What language(s) does your child CURRENTLY speak/express most frequently outside of school? 6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.). 7. Is there anything else you think the school should know about your child's language use? Parent Questions: In what language(s) do you want to receive information from the school (if available)? Father/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date	3.	What language(s) do adults most frequently use when speaking/conversing to your child?			
 4. What language(s) did your child speak/express from 0-4 years of age?		Father/Guardian:		Mother/Guardian:	
 5. What language(s) does your child CURRENTLY speak/express most frequently outside of school? 6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.). 7. Is there anything else you think the school should know about your child's language use? Parent Questions: In what language(s) do you want to receive information from the school (if available)? Father/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date 		Other Adults in the	Home:	Child-care Providers:	
6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.). 7. Is there anything else you think the school should know about your child's language use? Parent Questions: In what language(s) do you want to receive information from the school (if available)? Father/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date	4.	What language(s) did your child speak/express from 0-4 years of age?			
Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.). 7. Is there anything else you think the school should know about your child's language use? Parent Questions: In what language(s) do you want to receive information from the school (if available)? Father/Guardian: Oral Written American Sign Language Mother/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date Date	5.	What language(s) does your child CURRENTLY speak/express most frequently outside of school?			
Parent Questions: In what language(s) do you want to receive information from the school (if available)? Father/Guardian: Oral Written American Sign Language Mother/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date	6.	Please list the activity and how often your child participates in the activity (for example: once/week,			
Father/Guardian: Oral Written American Sign Language Mother/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date	7.	Is there anything else you think the school should know about your child's language use?			
Oral Written American Sign Language Mother/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date	Par	rent Questions: In w	hat language(s) do y	ou want to receive information from the school (if available)?	
Mother/Guardian: Oral Written American Sign Language Parent or Guardian Signature Date		Father/Guardian:			
Oral Written American Sign Language Parent or Guardian Signature Date		Oral	Written	American Sign Language	
Parent or Guardian Signature Date		Mother/Guardian:			
		Oral	Written	American Sign Language	
What is your relationship to the student?(i.e., parent, grandparent, etc.)	Par	rent or Guardian Sigr	nature	Date	
	Wh	at is your relationshi	p to the student?	(i.e., parent, grandparent, etc.)	