20 - 20	HOME LANGUAGE SURVEY FOR PRE-K-12 SC



	20 HOWE LANGUAGE		OR PRE-K-			<u> </u>
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	Name of Student:	First Name	Mid	die Name	_Student ID#_	
	Gender: Male Female Da	ite of Birth:		Sch	ool:	
	Select one or more of the following races: African American/Black Native Hawaiian/Pacific Islander		merican Indian/ aucasian/White	Alaskan Native	Asia	
	Is the student of Hispanic or Latino culture	or origin? Yes	No:			
	1. What is the primary language used i	n the home, rega	rdless of the lar	guage spoken by the	student?	
	2. What is the language most often spo	ken by the stude	nt?			
	3. What language did the student learn f	irst?				
	4. Does the parent/guardian need interp	retation services	s? Yes	No If so, wha	t language?	
	5. Does the parent/guardian need trans	lated materials?	Yes No	If so, what la	inguage?	.
Þ	Parent/Guardian Signature	·			Date	
	Palent/Gualdian Signature	SCH	00EUSE0N	ιγ		
	Please have test scare docum	entation avail	able for the R	egional/Alearedinati	on Office to	review.
	the accreditation report			otadont lo oladonioa ao	JILL OF TEN and a	
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