

Orange County Department of Education  
 Division of Alternative Education  
 Alternative, Community, and Correctional Education Schools and Services

**HOME LANGUAGE SURVEY**

Name of Student: _____		
Last	First	Middle
Date of Birth: _____	Age: _____	Grade: _____
Month	Day	Year
Place of Birth: _____		
City	State	Country
AU: _____	Site: _____	Teacher: _____
If born outside the USA:		
• Date student first entered the USA	_____	_____
	Month	Day
	_____	_____
• Date student first entered a school in the USA	_____	_____
	Month	Day
	_____	_____
• Is this the first time the student entered in a California public school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: _____	_____	_____
	Month	Day
	_____	_____

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return to his/her teacher. Thank you for your help.

1. Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son/daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to you son/daughter? \_\_\_\_\_
4. What language is most often spoken by the adults at home? \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Should one or more answers to #1 - #3 of the above questions be other than English, submit copy to ACCESS Assessment Center.