

Beaver Dam Unified School District Home Language Survey

TO BE COMPLETED BY PARENT/GUARDIAN OF STUDENT

In order to comply with state requirements and to assist the Beaver Dam Unified School District in communicating with the home, please answer the following questions about your child's language background.

Thank you for your assistance. Your answers are for school purposes only.

Student Last Name		Student First Name		Student Middle Name	
Date of Birth	Gender	School		Grade	
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Address				Phone	

DIRECTIONS: For each of the following questions, please fill in the appropriate answer.

What languages did your child speak when s/he first learned to talk?

What languages does your child speak at home?

What languages does your child speak with his/her friends?

What languages do you or other parents/guardians use when speaking to your child?

Do you want a translator available at school conferences? <input type="checkbox"/> Yes <input type="checkbox"/> No

Has anyone in your family moved during the past 3 years for work in agriculture, dairy, livestock or fishing (seasonal work)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Signature: _____ Date: _____

School Office: If language noted is all English, please file in behavioral record. If language is other than English, please file original in behavior folder and send a copy of the form to **Erica Avila at the ESC**.