

HOME LANGUAGE SURVEY

FOR K-12 SCHOOL DISTRICTS

STUDENT INFORMATION

Student Name: _____ Grade: _____
First Middle Last

Date of Birth: _____ Gender: _____ School: _____

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student?

3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? ____ Yes ____ No
 If so, what language? _____
5. Does the parent/guardian need **translated** materials? ____ Yes ____ No
 If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY
7. In what country was the student born? _____

Parent / Guardian Signature

Date (MM/DD/YYYY)

DISTRICT USE ONLY

Designated English Learner on the LAS Links Screener

DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT

<i>Date</i>	<i>Speaking Score</i>	<i>Listening Score</i>	<i>Reading Score</i>	<i>Writing Score</i>	<i>Composite Score</i>