

**Hillsboro City School District**  
**HOME LANGUAGE SURVEY**

*To be completed by parents of ALL students annually*

*Federal guidelines require that school districts identify and serve students who are limited English proficient and need English instructional services. If a language other than English is listed, we will test the student's need for English as a Second Language services.*

Student Name \_\_\_\_\_ Sex  M  F Birth Date \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

	English	Other	Other Language(s)
1) What was the <b>first language your child spoke?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does <b>your child most frequently use</b> at home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language is <b>most often spoken by the adults</b> in your home?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4) Can an adult family member or extended family member **speak** English?  **yes**  **no**  
Can they **read** English?  **yes**  **no**  
**If "no,"** is there a neighbor, friend, or relative who can help translate letters sent home?  **yes**  **no**

Name of interpreter \_\_\_\_\_ Phone Number \_\_\_\_\_

5) If English is NOT your primary language, has your child **studied English?**  **yes**  **no**  
If "yes," how long? Number of years \_\_\_\_\_ Or months \_\_\_\_\_

6) **How long has your child lived in the United States?** \_\_\_\_\_

7) Has your child attended any other school in the United States?  **yes**  **no**  
If "yes," Name and location of school \_\_\_\_\_

8) **Date that your child was first enrolled in school in the United States** \_\_\_\_\_

**SIGNATURE OF PARENT / GUARDIAN** \_\_\_\_\_