



Home Language Survey

Weld RE-4 School District

Student Name: _____

Grade: _____

School: _____

Our school needs to know the language(s) spoken and heard at home by your child. This information is needed in order for us to provide the best instruction possible for your child. Thank you for providing this important information.

1. What language did your child first learn to speak?	
2. What language does your child use most often at home?	
3. What language do you most often use when speaking to your child?	
4. Does your child understand a language other than English?	
5. Does communication from school need to be in a language other than English?	<input type="checkbox"/> No <input type="checkbox"/> Yes Language: _____

Signature of Parent/Guardian

Date

School Use Only: ELD Teacher Consulted/Informed? Yes No Date: _____

ELD Teacher Determination per State Assessment: Placement in Program? Yes No