



**Office of Superintendent of Public Instruction (OSPI)  
Home Language Survey**

**The Home Language Survey is given to *all* students enrolling in Washington schools.**

<b>Student Name:</b>	<b>Grade:</b>	<b>Date:</b>
<b>Birth Date:</b>	<b>Gender:</b>	<b>Office Use: CPSD ID:</b>
<b>Parent/ Guardian Name</b> _____ <b>Signature</b> _____		

**Right to Translation and Interpretation Services**

Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.

In what language(s) would your family prefer to communicate with the school? \_\_\_\_\_

**Eligibility for Language Development Support**

All parents have the right to information about their child's education in a language they understand.

Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

1. **What language did your child learn first?\*** \_\_\_\_\_  
(Office Use: Enter Data in "Native Language" in Skyward)

2. **What language does your child use most at home?\***  
(Office Use: Enter Data in "Home Language" in Skyward)

\_\_\_\_\_

3. What is the primary language used in the home, regardless of the language spoken by your child? (Office Use: Do Not Enter this Data in Skyward)

\_\_\_\_\_

4. Has your child received English language development support in a previous school? Yes\_\_\_\_ No\_\_\_\_ Don't Know\_\_\_\_

**Prior Education**

Your responses about your child's birth country and previous education:

- Give us information about the knowledge and skills your child is bringing to school.
- May enable the school district to receive additional federal funding to provide support to your child.

5. In what country was your child born? \_\_\_\_\_

6. Has your child ever received formal education outside of the United States? (Kindergarten–12<sup>th</sup> grade) Yes\_\_\_\_ No\_\_\_\_

If yes: Number of months: \_\_\_\_\_

Language of instruction: \_\_\_\_\_

7. When did your child first attend a school in the United States? (Kindergarten–12<sup>th</sup> grade)

\_\_\_\_\_ Month Day Year

8. Do grandparent(s) or parent(s) have a Native American tribal affiliation? Yes\_\_\_\_ No\_\_\_\_

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

**Note:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>.

**\*A response that includes a language other than English to question #1 OR question #2 triggers English language proficiency placement testing.** Responses to question #3 of a language other than English could prompt further conversation with the family to ensure that #1 and #2 were clearly understood. "Formal education" in #6 does not include refugee camps or other unaccredited educational programs for children.