

# Luck School District Home Language Survey

Complete this home Language Survey. This form must be signed and dated by the parent or guardian. This form will be used only for determining whether the student needs English Learner services.

Student Name: \_\_\_\_\_

## ENGLISH

1. Is a language other than English spoken in your home? YES\_\_\_\_NO\_\_\_\_  
(specify language)\_\_\_\_\_
2. Does your child communicate in a language other than English?  
YES\_\_\_\_NO\_\_\_\_  
(specify language)\_\_\_\_\_
3. What language did your child first learn?\_\_\_\_\_
4. In which language do you prefer to receive information from school?  
\_\_\_\_\_

## ESPAÑOL (SPANISH)

1. Se habla otro idioma que no sea el inglés en su casa? SI\_\_\_\_NO\_\_\_\_  
(especifique idioma)\_\_\_\_\_
2. Habla el estudiante un idioma que no sea el inglés? SI\_\_\_\_NO\_\_\_\_  
(especifique idioma)\_\_\_\_\_
3. Cual fue el primer idioma que aprendio su hijo/a  
\_\_\_\_\_
4. En que idioma prefiere recibir comunicaciones de la escuela?  
\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_