**HOME LANGUAGE SURVEY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name:** | | | | **Date:** |
| **School:** | | | | |
| **Birth Date:** | **Gender:** | **Grade:** | | |
| **Form Completed by:**  Parent/Guardian Name Relationship to Student  Parent/Guardian Signature  In what language(s) would you prefer to receive communication from the school? | | | | |
|  | | |  | |
| 1. In what country was your child born? | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. What language did your child first learn to speak? | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_** | |
| 1. What language does YOUR CHILD use the most at home? | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| 1. What is the primary language used in the home, regardless of the language spoken by your child? | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Has your child received English language development support in a previous school? | | | Yes \_\_\_\_\_\_\_\_  No \_\_\_\_\_\_\_\_  Don’t Know \_\_\_\_\_\_\_\_ | |
| 1. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade)   \_\_\_\_\_Yes \_\_\_\_\_No | | | If yes, in what language(s) was instruction given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For how many months? \_\_\_\_ | |
| 1. When did your child first attend a school in the United States? (Kindergarten – 12th grade) | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month Day Year | |

*This form has been adapted from the OSPI Home Language Survey. If an answer other than English is recorded for question 2 or question 3, the child should receive English language proficiency placement testing for Title III services to Catholic schools. This form is available in multiple languages at* [*http://k12.wa.us/MigrantBilingual/HomeLanguage.aspx*](http://k12.wa.us/MigrantBilingual/HomeLanguage.aspx)*.*

**FAMILY INCOME FORM**

1. Indicate the option that describes your family income.

\_\_\_\_\_\_\_\_ A. My family income is less than the amount in column A.  
\_\_\_\_\_\_\_\_ B. My family income is less than the amount in column B, but more than the amount in column A. \_\_\_\_\_\_\_\_ C. My family income is more than the amounts in columns A and B.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household Size** | **A** | | | **B** | | |
| Annual | Monthly | Weekly | Annual | Monthly | Weekly |
| 1 | $15,678 | $1,307 | $302 | $22,311 | $1,860 | $430 |
| 2 | $21,112 | $1,760 | $406 | $30,044 | $2,504 | $578 |
| 3 | $26,546 | $2,213 | $511 | $37,777 | $3,149 | $727 |
| 4 | $31,980 | $2,665 | $615 | $45,510 | $3,793 | $876 |
| 5 | $37,414 | $3,118 | $720 | $53,243 | $4,437 | $1,024 |
| 6 | $42,848 | $3,571 | $824 | $60,976 | $5,082 | $1,173 |
| 7 | $48,282 | $4,024 | $929 | $68,709 | $5,726 | $1,322 |
| 8 | $53,716 | $4,477 | $1,033 | $76,442 | $6,371 | $1,471 |
| For each additional family member add . . | $5,434 | $453 | $105 | $7,733 | $645 | $149 |

1. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are any of your children eligible to receive medical assistance under the Medicaid program? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What is the name of the public school your child would attend if he/she attended public school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is the name of your town’s public school district? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Home Address (required, please do not indicate a P.O. Box): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. List the full names of all of the children in your family that attend our school in the spaces provided below.
7. List the grade levels of all of the children in your family that attend our school in the spaces provided below.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

To protect your privacy, the student names below will be detached from this form once the school records that a family has returned the form.

--------------------------------------------------------------------------------------------------------------------------------------- Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

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