

CONEJO VALLEY UNIFIED SCHOOL DISTRICT

Home Language Survey

Multilingual Learners Department

Last Name of Student:	
First Name of Student:	
Date of Birth: Gra	ade Level of Student:
School Name:	
Directions to Parents and Guardians:	
process begins with determining the language(s) spoken in ea	recting schools to assess students' English language proficiency. The ach student's home. The responses to the home language survey will assist ested. This information is essential in order for the school to provide
As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.	
1. Which language did your child learn when they first beg	an to talk?
2. Which language does your child most frequently speak of	at home?
3. Which language do you (the parents and guardians mosuse when speaking with your child?	st frequently
4. Which language is most often spoken by adults in the ho (parents, guardians, grandparents, or any other adults)	ome?
Please sign and date this form in the spaces provided below.	
Thank you for your cooperation.	
Signature of Parent or Guardian:	Date: