## Seeley Union School District 1812 W. Rio Vista - P.O. Box 868 Seeley, CA 92273 Phone (760) 352-3571/Fax (760) 352-1629

## Home Language Survey

S	Surname/Family Name of Student:		
F	irst Given Name of Student:		
S	econd Given Name of Stude	nt:	
А	ge of Student:	Grade Level of Student:	
Т	eacher Name:		
Directions to Par	ents and Guardians:		
language proficie home of each stu student's proficie	ency of students. The process adent. The responses to the h	s begins with determining to nome language survey will ed. This information is ess	schools to assess the English he language(s) spoken in the assist in determining if a ential in order for the school to
respond to each the name(s) of th unanswered. If a		elow as accurately as poss ne space provided. Please nis home language survey,	
1. Which langu	age did your child learn wher	n they first began to talk?	
2. Which langu	age does your child most free	quently speak at home?	
•	age do you (the parents and king with your child?	guardians most frequently	
	age is most often spoken by lians, grandparents, or any o		
•	date this form in the spaces pour for your cooperation.	provided below, then return	n this form to your child's
Signature of Pare	ent or Guardian		
Date			