

HOME LANGUAGE SURVEY

	(Surname / Family Name)		(First Given Name)	(Second Given Name)
	Age of Student:	Grade Level:	Teacher Name:	
Direct	ions to Parents and Gua	ardians:		
begins	s with determining the la nt's proficiency in Englis	anguage(s) spoken in the home c	of each student. The responses to the ho	language proficiency of students. The process me language survey will assist in determining if a provide adequate instructional programs and
as acc	curately as possible. Fo wered. If an error is ma	or each question, write the name(s) of the language(s) that apply in the sp	espond to each of the four questions listed below ace provided. Please do not leave any question fore your student's English proficiency is
1.	Which language did y	our child learn when he/she first	began to talk?	
2.	Which language does	Which language does your child most frequently speak at home?		
3.	3. Which language do you (the parents or guardians) most f when speaking with your child?		est frequently use	
4.		ost often spoken by adults in the grandparents, or any other adults		
Please	e sign and date this forn	n in the spaces provided below, t	then return this form to your child's teach	er. Thank you for your cooperation.
Signature of Parent or Guardian			 Date	

California Department of Education Form HLS, Revised December 2016.