



Dailey Elementary Charter School
HOME LANGUAGE SURVEY
English

Date _____ School _____ Student Number _____

Birthdate: ____ / ____ / ____ Age: _____ Country of Birth _____

Foreign Born: If foreign born, date student first entered US: _____

Date student first enrolled in US school: _____ Last grade completed in home country _____

The California Education Code requires that schools determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your son/daughter.

**Your cooperation in helping us meet this important requirement is requested. Please answer the following questions.
Thank you for your help.**

Legal Name of Student:

Last: _____ First: _____ Middle: _____ Suffix: _____

If two or more languages are spoken, please indicate the percentage of each language.

Which language did your son or daughter learn when he or she first began to speak? _____

What language does your son or daughter most frequently use at home? _____

What language do you use most frequently to speak to your son or daughter? _____

Name the language most often spoken by the adults at home: _____

Parent Signature: _____ Phone Number: _____

For Office Use Only:

Date Submitted: _____

Distribution: Original to student cum: Scan/Email copy to hls@fresnounified.org or FAX copy to Language Assessment Center 457-3627