

**HOME LANGUAGE SURVEY – CENTRAL YORK SCHOOL DISTRICT**

**The Central York School District is committed to ensuring that all of its students, regardless of their national origin, receive equal opportunity and access to high quality education.** To help the district accomplish its goal, please complete the Home Language Survey to assist the district in identifying and providing educational services, where appropriate, to students whose primary language is other than English, whose primary language spoken at home is other than English or whose primary language used with friends is other than English.

**HOME LANGUAGE SURVEY**

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

Parent/Guardian Name (please print): \_\_\_\_\_  
Last Name First Name M.I.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do not include language studied in school or as part of religious instruction.**

1. Is a language other than English spoken in the home? \_\_\_ Yes \_\_\_ No  
If yes, list the language and dialect spoken: \_\_\_\_\_

2. Does the student frequently speak a language other than English at home? \_\_\_ Yes \_\_\_ No

3. Does the student frequently speak a language other than English with friends? \_\_\_ Yes \_\_\_ No

4. What language did the student learn when he/she first learned to talk?  
Please list the language: \_\_\_\_\_

5. Has the student attended any United States school in any 3 years during his or her lifetime?  
\_\_\_ Yes \_\_\_ No If yes, complete the following:

<b>Name of School</b>	<b>State</b>	<b>Dates Attended</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Place of birth: \_\_\_\_\_

7. Do the parents/guardians need to have written information that is sent home from the student's school translated into another language? If yes, list the language:  
\_\_\_\_\_