PARENT LANGUAGE QUESTIONNAIRE
(Home Language Survey)

Northwest Arctic Borough School District
This form is required by State and Federal law.

Identification of students who may have Limited Proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: **Linda Mason, Director of Special Services at (907) 442-3472, ext. 268.**

Student Name: _____ **Alaska Student ID #:** _____
(Last Name, First Name)

Place of Birth: _____ **Date of Birth:** _____/_____/_____
Month Day Year

School: _____ **Grade:** _____ **Sex:** ☐ **Female** ☐ **Male**

PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student?	☐ English	☐ Other _____ *Specify*
2. What language(s) does the student currently use in the home?	☐ English	☐ Other _____ *Specify*
3. Is this student participating in a student exchange program?	☐ Yes	☐ No
4. How long has the student attended school in the U.S.A.?	☐ 3 or more full school years	☐ Less than 3 full school years

PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken **to the student**			
4. Language(s) spoken **in the adult's home**			

*Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	Only English
A. When the student speaks with **family**, he/she speaks:					
B. When the student speaks with **friends**, he/she speaks:					

Parent/Guardian Signature:	Phone Number:
Printed Name:	Date: