



HOME LANGUAGE SURVEY

FOR K-12 SCHOOL DISTRICTS

STUDENT INFORMATION

Student Name _____ **Grade** _____
First Middle Last

Date of Birth _____ **Gender** _____ **School** _____

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes No
 If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes No
 If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY
7. In what country was the student born? _____

Parent / Guardian Signature

Date (MM/DD/YYYY)

DISTRICT USE ONLY

Designated English Learner on the LAS Links Screener

DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT					
Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score