## **WASHINGTON COUNTY HOME LANGUAGE SURVEY**

SCHOOL NAME:					DATE:	
STL	JDENT NAME:					
Last Name (Family Name) First Name  TELEPHONE NUMBER:					iddle Initial	
ADI	Number	Street		City		Zip
GR/	ADE:	AGE:	SEX:	_ DATE OF	BIRTH:	
COUNTRY OF BIRTH: STATE/CITY OF B						
NA	ME OF MOTHER:					
		Last Name (Family Name)	First Nar	me M	iddle Initial	
NA						
		, , ,			iddle Initial	
NAI	ME OF GUARDIAN	Last Name (Family Nan			iddle Initial	
DA.	TE OF ENTRY INTO	UNITED STATES:				
Please circle the correct response:						
1.	Is a language <u>othe</u>	<u>e<b>r than English</b> s</u> poken	in the home?		Yes	No
	If "Yes", please state which language:					
2.	. Did the student have a first language <u>other than English</u> ? Yes No					No
	If "Yes", please state which language:					
3.	Does the student most frequently speak a language other than English? Yes No					
	If "Yes", please sta	ate which language:				
Ple 1. 2.	OR  ME OF GUARDIAN  TE OF ENTRY INTO  ease circle the co  Is a language other  If "Yes", please sta  Did the student ha  If "Yes", please sta  Does the student	S: Last Name (Family Name)  S: Last Name (Family Name)  UNITED STATES:  Orrect response:  or than English spoken  ate which language:  ave a first language ot  ate which language:  ate which language:	First Nar  ne) First Nar  in the home?  her than Englis	me M	Yes	No