

District:

School:

The purpose of this survey is to ensure that your child receives the highest quality education and services to which they are entitled. The information you provide will be used to assist in making the most informed program decisions for your child.

Student Name:

Birth Date:

Parent / Guardian Name:

Sex:

Address:

Home Phone:

Work Phone:

Answer each question by marking either the YES or NO box:

YES

NO

1. Is your child's first-learned or home language anything other than English?

2. Does the child understand or communicate with anyone in the home using a language other than English?

3. Does the child have exposure to another heritage or ancestral language other than English spoken by their family, friends or other community members?

4. Does the child read and/or write in a language other than English?

5. If you answered YES to any question, what language(s) other than English does the student hear or use at home?

AIM Census: Home Language

6. If you answered YES to any questions, what language(s) other than English is the student exposed to in their home or community?

AIM Census: Language of Impact

7. If available, in what language would you prefer to receive communication from the school?

Parent / Guardian Signature:

Date: