



## Home Language Survey Form- Parent Boise School District

Dear Parent/Guardian:

The Office of Civil Rights and Idaho State Department of Education require school districts to determine the **dominant language spoken** by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

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Student Name: \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
School \_\_\_\_\_

1. Which language did your son or daughter learn when he/she first began to talk? \_\_\_\_\_
2. What language does your son or daughter use at home? \_\_\_\_\_
3. What language do you use when speaking to your child? \_\_\_\_\_
4. Name the language your child speaks with his/her friends outside the home. \_\_\_\_\_
5. Will you need someone to help translate letters sent home? YES  NO

- Check the box if your family has moved at some time in the past 3 years to look for work in:
- Agriculture (farming, dairy)
  - Orchards
  - A Nursery (trees, flowers, gardening)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Translator's printed name (if utilized)

\_\_\_\_\_  
Translator's signature



## Home Language Survey Form- Student Boise School District

Dear Student:

The Office of Civil Rights and Idaho State Department of Education require school districts to determine the **dominant language spoken** by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

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Name: \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
School \_\_\_\_\_

1. Which language did you learn when you first began to talk? \_\_\_\_\_
2. What language do you use at home? \_\_\_\_\_
3. What language do your parents use when speaking to you? \_\_\_\_\_
4. Name the language you speak with your friends. \_\_\_\_\_
5. Will your parents need someone to help translate letters sent home? YES  NO

- Check the box if your family has moved at some time in the past 3 years to look for work in:
- Agriculture (farming, dairy)
  - Orchards
  - A Nursery (trees, flowers, gardening)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Translator's printed name (if utilized)

\_\_\_\_\_  
Translator's signature