THOMPSON R2-J SCHOOL DISTRICT
HOME LANGUAGE SURVEY
(Parent Checklist)

Student’s Name: ___________________________ Date of Birth: ________________
Student’s Place of Birth (City, State, Country): ______________________________________
Phone Number: ______________ Grade: ________
Home Address: __________________________________________

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Thank you for providing this important information.

What was the first language this student spoke? ______________________________________

What language(s) is/are spoken in the student’s home? ______________________________

What language(s) does the student speak/understand? ______________________________

If you answered a language other than English to any of the above questions, please complete this form and sign at the bottom. If ENGLISH was answered to all three questions, please disregard the rest, but sign at the bottom.

In your home do you speak:

- Check One
  - a. Only the other language and no English?
  - b. The other language more often than English?
  - c. The other language and English equally?
  - d. English more often than the other language?
  - e. Only English?

Does the student:

- Check One
  - a. Speaks only the other language and no English?
  - b. Speaks mostly the other language and some English?
  - c. Speaks the other language and English equally?
  - d. Speaks mostly English and some of the other language?
  - e. Speaks only English?

Does the student:

- Check One
  - a. Understands only the other language and no English?
  - b. Understands mostly the other language and some English?
  - c. Understands the other language and English equally?
  - d. Understands mostly English and some of the other language?
  - e. Understands only English?

Would you like to have information sent to your home in English or Spanish? _____________

Would you like to have a Spanish translator when you have meetings at the school? ____________

Parent or Guardian’s Signature: ___________________________ Date: ________________

Kindergarten early registration only:
School Enter Date: ___________________________