



To be completed only if a second language other than Spanish is spoken at home.

PRIMARY LANGUAGE SURVEY

Student Primary Language Fluency

Please fill out a form for each student. If you need assistance, a staff member will help you.

Student's Name _____ Age _____ Grade _____

Language (other than English): _____
(If more than one language is spoken, please choose the one most spoken)

Put an X on the appropriate box.

FLUENCY

When the student speaks at home he/she:

- a. **does not** speak the home language
- b. speaks the home language but sometimes confuses the words
- c. speaks the home language **very well**

COMMENTS:

VOCABULARY

When the student speaks our home language he/she:

- a. has a limited vocabulary
- b. has an age appropriate vocabulary

PRONUNCIATION

When the student speaks our home language he/she:

- a. is difficult to understand
- b. is easy to understand

UNDERSTANDING

When the student listens to our home language he/she:

- a. cannot understand simple sentences
- b. can understand most things that are said
- c. can understand everything that is said very well

Parent/Guardian's Signature: _____ Date: _____

By typing your name in the box, you are accepting this as your electronic signature.

If the student is in Grades 2-12 please complete reverse side.

Student Educational Background

1. **Did the student attend school outside the U.S.?** Yes No

If yes, where? _____

How many years? _____

What was the last grade completed:

K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

2. **Did the student study English outside the U.S.?** Yes No

If yes, how many years? _____

3. **Does the student read in a language other than English?** Yes No

If yes, what language or languages? _____

How would you rate the student's reading ability in that language compared to other students of the same age?

1 Above Average

2 Average

3 Below Average

4 Don't Know

4. **Does the student write in that language?** Yes No

If yes, how would you rate the student's writing ability compared to other students of the same age?

1 Above Average

2 Average

3 Below Average

4 Don't Know

COMMENTS: _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

By typing your name in the box, you are accepting this as your electronic signature.

Relationship to Student: _____