COMPLETED BY OFFICE STAFF (MANDATORY):	
MDUSD School:	Student ID Number:
Grade: MDUSD Enrollment Date:	
Last School of Attendance (School Name, City, State, or Country):	
HOME LANGUAGE SURVEY	
Directions to Parents/Guardians:	
The California Education Code contains legal requirements, which students. The process begins with determining the language(s) spollanguage survey will assist in determining if a student's proficiency order for the school to provide adequate instructional programs and As parents or guardians, your cooperation is requested in complying	oken in the home of each student. The responses to the home y in English should be tested. This information is essential in d services.
questions listed below as accurately as possible.	
Name of Student: Surname/Family Name First Given Name	Second Given Name
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Grade Date of Birth Country of Birth: U	Inited States Other:
1. Which language did your child learn when he/she first bega	an to talk?
2. Which language does your child most frequently speak at h	nome?
3. Which language do you (the parents/guardians) most freque when speaking with your child?	ently use
4. Which language is most often spoken by adults in the home (parents, guardians, grandparents, or any other adults)?	e
5. Did your child attend pre-school? ☐ No ☐ Yes—Schoo	l Name:
6. Did your child attend school in a different country? No	Yes—Country Name:
a. If yes, how many years did your child attend school	ol outside of the U.S.?
7. When did your child attend school in the U.S. for the first t	ime? Date:
8. Has your child ever attended school in California? No	☐ Yes
Completed by:Print Name	Relationship to Student:
Signature:	Today's Date:
THANK YOU FOR	YOUR HELP
Office use White: EL Assessment Center, Willow Creek Teacher:	

Yellow: EL Support Teacher Pink: CUM File