Dinwiddie County Public Schools Dinwiddie, VA 23841

HOME LANGUAGE SURVEY

This form must be completed for ALL students registering in Dinwiddie County Public Schools.

Under provisions of the Civil Rights Act of 1964, each student's dominant language must be identified. This information is essential in order for schools to provide meaningful instruction. Please answer the questions below accurately and completely. Thank you for your assistance.

Student Name:				
First		Middle	Las	t
Date of Birth:		Country of	Birth:	
Date first enrolled in ANY U.S. school:				
Date first enrolled in ANY Virginia school:		-		
PLEASE READ - The three questions below students in order to provide appropriate instr learners. <u>If a language other than English is i</u> <u>proficiency and may qualify for English as a Sec</u> proficiency assessment.	ructional indicated	support se <u>on these q</u>	rvices for those students for uestions, the student <i>will</i> be	ound to be English e tested for English
1. What was the first language that this student spol	ke?			
2. Is there a language other than English spoken in the home?	YES	NO	Which language(s)	
3. Does the student speak or understand a language other than English?				
Has the student ever received ESL, ELL, or ESOL	services?	□ Yes	□ No □ Not Sure	
Do you give permission for your child to be screene	ed to deter	mine Englis	h language proficiency?	Yes 🗆 No
In which language do you prefer to receive oral cor	nmunicatio	on from the	school?	
In which language do you prefer to receive written	communic	ation from	he school?	
Signature of Person Completing Survey:			Date Signed:	
Relationship to Student: \Box Mother \Box Fat	her 🗆	Guardian	□ Other	

Please Specify