

**Indiana Department of Education
Language Minority and Migrant Programs**

**HOME LANGUAGE SURVEY
2009-2010**

Student's Name _____ **Date** _____

Date of Birth _____ **Grade** _____

This completed form should be brought with you to the bookstore.

To be completed by parents/students to determine student's status as language minority.

1. In what country were you born? _____
2. How long have you been enrolled in U.S. schools, excluding pre-kindergarten? _____
3. Are you classified as a foreign exchange student? _____
4. What is your native language? _____
5. What language(s) is/are spoken MOST OFTEN by the student? _____

6. What language(s) is/are spoken by the student in the home? _____

If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

Note: Efforts should be made to translate this form into the predominant language of the parent.