

HOME LANGUAGE SURVEY

Blue Springs School District

School _____ Grade Level _____

Name _____
(Last) (First)

Birth Date _____
(Month) (Day) (Year)

1. What is the student's primary language, if not English? _____
2. What language did your student first learn to speak? _____
3. What language does your student most often speak at home? _____
4. What language do you most often use to speak to your student? _____

This information will be used to identify students who may require help learning English. The Blue Springs School District will not place any student in a special program without parent/guardian consent.

If you have questions and/or concerns about this form, please contact the school counselor, enrollment secretary, or principal. Your assistance with completing and returning this form is greatly appreciated.