

Office of Superintendent of Public Instruction (OSPI) Home Language Survey

The Home Language Survey is given to all students enrolling in Washington schools.

Student Name:			Grade:	Date:
Parent/Guardian Name Parent/Guard			an Signature	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	ed	parents have the right to ucation in a language they In what language(s) would with the school?	understand.	
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2.	What language did your o	child learn first?	
	3.	What language does your	child use the mos	t at home?
	4.	What is the primary language spoken by y		ome, regardless of
	5.	Has your child received Ein a previous school? Yes		
Prior Education	6.	In what country was your	child born?	
Your responses about your child's birth country and previous education:	7.	Has your child ever receiv United States? (Kindergarten		
 Give us information about the knowledge and skills your child is bringing to school. 		If yes: Number of months Language of instru		
May enable the school district to receive additional federal funding	8.	(Kindergarten - 12 th grade)		he United States?
to provide support to your child.		Month Day Yea	ır	
This form is not used to identify students' immigration status.				