Davis Joint Unified School District HOME LANGUAGE SURVEY

Today's Date	Entering	Grade	School		
Student's Legal Name (Please print)		First	Middle	_ Male	_Female
Student's PRIMARY Address					
(Please print)	Street		City		Zip
PRIMARY Phone #			(□Landline □Cell	Phone)	
HOME LANGUAGE SURVEY**					
What language did the student learn when he/she first began to speak?					
2. What language does the student speak most at home?					
3. What language is most often spoken to the student by the parents/guardians?					
4. What language is most often spoken by adults at home?					
**NOTE: If a language other than English is indicated, the student must be tested for English proficiency.					
Office Use Only]			
SSID#					
Prior Eng Prof					
Original ID date Prior School/Dist					
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