

HOME LANGUAGE CHECKLIST

(This information is to be kept in the student's accumulative file.)

Instructions

The purpose of this form is to determine the first or native language of the student or the language spoken in the home. In grades preschool-8, this form should be filled out by the parent or guardian. In grades 9-12, this form can be filled out by the student.

Lake George Charter School

Student's Name _____ Grade _____
(Print)

Parent/Guardian's Name _____
(Print)

Address _____ Phone _____

Birthplace of the Student _____

1. Did your child learn to speak a language other than English before he/she learned English?
(Check one) Yes No

2. How often is a language other than English used in your home? (Check only one):
 a. Only the other language and no English
 b. Other language more often than English
 c. Other language and English equally
 d. English more often than the other language
 e. Only English

3. Please describe the language spoken by your child. (Check only one):
 a. Speaks only the other language and no English
 b. Speaks mostly the other language and some English
 c. Speaks the other language and English equally
 d. Speaks mostly English and some of the other language
 e. Speaks only English

4. Please describe the language understood by your child. (Check only one):
 a. Understands only the other language and no English
 b. Understands mostly the other language and some English
 c. Understands the other language and English equally
 d. Understands mostly English and some of the other language
 e. Understands only English

5. If your child speaks or understands a language other than English, what is the language? _____

Date

X _____
Parent or Guardian's Signature