## HOME LANGUAGE SURVEY

## **Redmond Proficiency Academy**

Student Name:		Date of Birth:	
Address:		Phone:	
Relationship of person con Mother Father	npleting survey: Guardian Other (specify)		_
	child learn when he or she first be Other		
2	embers of the family living at the s, what language(s)? Spanish	1 0	_
	parent(s) speak to the child mos Other		
	child speak to the parent(s) most _ Other		
	child speak to siblings most of t Other		
	child speak to friends most of th		
7. Has the child received I	English as a Second Language or	Bilingual Instruction?	
Date and grade the student Date://	was first enrolled in an ELL prog Grade:	gram in the United States	
School:	City:		State:
	recent enrollment in an ELL pro Grade:		
School:	City:		State:
Do you wish to receive con	ct/Redmond Proficiency Academ mmunication in a different langua	age, if available? If yes, v	
Parent/Guardian Signa	iture	Da	te