



The School Board of Okeechobee County

Home Language Survey

Student Services

Student: _____ Date: _____

School: _____ Grade: _____ Birth Date: _____

Birth Place _____
City State3 Country

Please answer the following questions:

Date student entered the United States: (month/day/year) _____

Date student first enrolled in **Any School** in the U. S. Territories: (month/day/year/) _____

U.S. city and state/territory where first enrolled: _____

Home Language Survey Questions (required by Florida Department of Education)

1. Is a language other than English used in the home? (**excluding learning or practicing**)

Yes No If yes, what language _____

2. Did the **student** have a first language other than English?

Yes No If yes, what language _____

3. Does the **student** most frequently speak a language other than English?

Yes No If yes, what language _____

Note: If the answer to at least one of the above questions is yes, your child will be assessed for English proficiency.

Signature of Person Completing Survey

Date

Relationship to student? Mother Father Guardian Other (Identify) _____