



Deborah A. Gist
Commissioner

RI Department of Education Home Language Survey

The information requested on this form is necessary for the most appropriate placement for your child as required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f)) and will not be used for any other purposes. Thank you for your cooperation.

To be completed by parent or guardian:	
Student Name: _____	
Registration _____	Date of _____
Date: _____	Birth: _____
1. What <u>language</u> do you use <u>most often</u> when speaking to your child?	

2. What <u>language</u> did your child <u>first</u> learn to speak?	

3. What <u>language</u> does your child use <u>most often</u> when speaking to you?	

4. What language does your child use <u>most often</u> when speaking to other adults in the home or to their primary caretaker?	

5. What <u>language</u> does your child use <u>most often</u> when speaking to siblings or other children in the home?	

6. What <u>language</u> does your child use <u>most often</u> when speaking to friends or neighbors <u>outside</u> the home?	

Signature of Parent or Guardian _____	Date _____
Print Parent/Guardian Name _____	