# Home Language Survey

**Office of Superintendent of Public Instruction (OSPI)**

**Washington State Transitional Bilingual Instructional Program**

**Student Name:**

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th>Gender:</th>
<th>Grade:</th>
<th>SSID:</th>
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**Form Completed by:**

Parent/Guardian Name __________________________ Relationship to Student __________________

Parent/Guardian Signature _____________________________________________________________

If available, in what language would you prefer to receive communication from the school?

________________________________________________________

**Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended?**

Yes__ No__ Don’t Know__

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1. In what country was your child born?

   __________________

2. **What language did your child first learn to speak?**

   __________________

3. **What language does YOUR CHILD use the most at home?**

   __________________

4. What language(s) do parent/guardians use the most when you speak to your child?

   __________________
   __________________

5. Has your child ever attended a school outside of the United States?

   Yes ____ No ____

   If yes, in what language(s) was instruction given?

   __________________

   For how many months? ____

6. Has your child attended school in the United States before enrolling in this district? (Kindergarten – 12th grade)

   Yes ____ No ____

   For how many months? ____

   *One (1) school year =10 months*

7. Do grandparent(s) or parent(s) have a tribal affiliation?

   Yes ____ No ____

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*WAC 392-160-005: “Primary language” means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student’s place of residence.*