**Strasburg School District**

**Primary/Home Language Survey for All New Kindergarten and Incoming Students**

Instructions for schools in completing the survey:

1. Interview the parents or guardians of ALL new kindergarten and incoming students in grades K–12 and record all information requested.

2. Provide interpretation services whenever necessary.

3. Check to see that all questions on the form are answered.

|  |  |  |
| --- | --- | --- |
| **Student Information (The parents or guardians should complete this section.)** | | |
| First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date of Birth:  (Month/Day/Year) |
| **Questions for Parents and Guardians** | **Response** | |
| What language(s) is (are) spoken in your home? |  | |
| Which language did your child learn first? |  | |
| Which language does your child use most frequently at home? |  | |
| Which language do you most frequently speak to your child? |  | |
| In what language would you prefer to get information from the school? |  | |

Parent or Guardian’s Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_