

**Castaic Union School District**  
**HOME LANGUAGE SURVEY**

Enrollment Date: \_\_\_\_\_

School: LOS CES NHE CMS Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

U.S. Enter Date: \_\_\_\_\_ U.S. School Enter Date: \_\_\_\_\_ State: \_\_\_\_\_ Grade: \_\_\_\_\_ CA School Enter Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Kindergarten and above) (Kindergarten and above)

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Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name of the language that applies in each space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date