

The Home Language Usage Survey is completed by all students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. a) In what language do you prefer to receive written communication from the school? b) In what language would you prefer to communicate with school staff when speaking?		
Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) is (are) spoken in your home? ———————————————————————————————————		
Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. This form is not used to identify students' immigration status.	8. When did your child	Where was your child born? When did your child first attend a school in the United States (this ncludes all US territories)? (Kindergarten – 12 th grade) Month Day Year	

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on http://www.arkansased.gov/divisions/learning-services/english-learners A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.