

**Richards R-V School District
(Student Home Language Survey)**

Student's Name: _____ Date: _____ Grade: _____

Person completing survey: _____ Mother _____ Father _____ Student _____ Guardian
_____ Other (please specify: _____)

Country of Birth (student): _____ Date of Birth (student): _____

Requested Information:

1. What language was spoken in your home most of the time? English: ___yes ___no
Other: _____
2. What language does the student speak most of the time? English: ___yes ___no
Other: _____
3. Date student entered the United States: _____
4. Years of Education in the United States: _____ Where? _____
5. Number of years of education outside the United States: _____
6. Last school attended: _____
City: _____ State: _____ Country: _____
7. Has the student attended another school in Missouri? ___yes ___no
If yes, where? _____ For how long? _____
8. Please provide any other related information that would help the school (Example:
referral for gifted or special education programs in prior schools, etc.)

**Note to school staff: This form should be given to all new and enrolling students. Any student that indicates use of a language other than English should be assessed as to English Language Proficiency.