



Office of Superintendent of Public Instruction (OSPI)
Washington State Transitional Bilingual Instructional Program
Home Language Survey

Student Name:			Date:
Birth Date:	Gender:	Grade:	SSID:
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__			

1. In what country was your child born?	_____
2. What language did your child first learn to speak?	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> 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 - 12 th grade) ____ Yes ____ No	For how many months? _____ months *One (1) school year =10 months
7. Do grandparent(s) or parent(s) have a tribal affiliation? ____ Yes ____ No	

***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.