

Pleasant Valley Community Schools

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: ☐ Male ☐ Female

Parent/Guardian Name(s): _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States?

☐ Yes ☐ No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States

for any three years during their lifetime?

☐ Yes ☐ No

If yes, please provide school name(s), state & dates attended:

Name of School _____ State _____ Dates _____

Name of School _____ State _____ Dates _____

Name of School _____ State _____ Dates _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive

Communication from the school? _____

5. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

If you responded "Yes" to question #5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? _____

(Father) _____

(Mother) _____

9. Please describe the language understood by your child. (check only one)

- ☐ Understands only the home language and no English
- ☐ Understands mostly the home language and some English
- ☐ Understands the home language and English equally
- ☐ Understands mostly English and some of the home language
- ☐ Understands only English

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID#:

Date Distributed:

Date Received:

Pleasant Valley Community Schools

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ ☐ Male ☐ Female

Person Completing This Form: ☐ Parent/Guardian ☐ Student ☐ Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is you child of Hispanic, Latino, or Spanish ethnicity: ☐ Yes ☐ No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one of more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- ☐ American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- ☐ Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American
Origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____