



UNITED STATES DEPARTMENT OF THE INTERIOR  
Bureau of Indian Education  
Education Resource Center - Albuquerque  
1011 Indian School Rd. NW, Suite 332  
Albuquerque, NM 87104

**Home Language Survey (SY 2023– 2024)**

**Student’s Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Dear Parents and Guardian(s):**

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child’s language development skills.

- 1) What was the first language(s) your **child** learned? \_\_\_\_\_
- 2) What language(s) does your **child** understand?  
 English       Other language (list) \_\_\_\_\_
- 3) What language(s) does your **child** use when speaking with you or family members?  
 English       Other language (list) \_\_\_\_\_
- 4) Do any family members or friends speak another language at home?  
 English       Other language (list) \_\_\_\_\_
- 5) What other language(s) is your **child** exposed to outside of school?  
 English       Other language (list) \_\_\_\_\_

Do you need an interpreter to complete this form? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Document will be kept in the student’s file per Family Educational Rights and Privacy Act regulations (FERPA). If you have any questions regarding this survey please contact the Principal.

<p>Official Use:</p> <p>LEP Coordinator reviewed survey on (Date) _____</p> <p>LEP Coordinator contacted parent on (Date) _____</p> <p>Notes:</p>
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