

Dear Parent or Guardian,

Welcome! The Anchorage School District provides academic support for students who may speak or understand languages other than English.

We offer a program in English for students from homes where another language is spoken. This program provides instruction and/or tutoring in subjects, such as language arts, social studies, math, and science during regular school hours. Specially trained bilingual teachers and tutors, who understand and appreciate different languages and cultures, will work with eligible students in English.

Please take a minute to **complete the attached form and return it to the school office**, as soon as possible. If you have questions, or need help with the form, contact the English Language Learners Program (ELLP) staff member at your school.

Sincerely,

Christine Garbe, Supervisor
English Language Learners Program



PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

ANCHORAGE SCHOOL DISTRICT
This form is required by state and federal law.

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: _____ **ASD ID #:** _____

Student Name: _____ **Alaska Student ID #:** _____
 (Last Name, First Name)

Place of Birth: _____ **Date of Birth:** ____/____/____
 Month Day Year

School: _____ **Grade:** ____ **Gender:** Female Male

PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student? English Other _____
Specify
2. What language(s) does the student currently use in the home? English Other _____
Specify
3. Is this student participating in a student exchange program? Yes No
4. When did the student first attend a school in the United States (if known)? ____/____/____
 Month Year

PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken to the student			
4. Language(s) spoken in the adult's home			

* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	Only English
A. When the student speaks with family , he/she speaks:					
B. When the student speaks with friends , he/she speaks:					

Parent/Guardian Signature:	Phone Number:
Printed Name:	Date: