



Cardinal Local School District
Home Language Usage Survey

Ohio Department of Education Home Language Survey for All Students upon Initial Registration

Student Name: _____

Date of Birth: _____

Dear Parent/Guardian: *We ask the questions below to make sure your child receives the education he or she needs. The answers to Section A will tell your child's school staff if they need to check your child's proficiency in the English language. This makes sure your child has every opportunity to succeed in school. The answers to Section B will help school staff communicate with you in the language you prefer. Information from this survey is **not** for immigration or reports to immigration authorities.*

Section A - Student Language Background

1. What is(are) the primary language(s) spoken in your home? _____
2. What language does your child use most frequently? _____
3. What language did your child first learn? _____
4. What language do you use most frequently with your child? _____
5. Is English the main language your child speaks? _____
6. How long has your child attended school in the United States? _____
7. What was your child's last year of schooling outside of the United States? _____
8. How many years of education did your child complete in another country? _____
9. In what language(s) has your child received instruction? _____
10. Please provide additional information to help us better understand your child's English Language experiences:

Section B - Parent/Guardian Preferences

In which language do you prefer receiving **written** information from the School? _____

In which language do you prefer receiving **oral** or **spoken** information from the school? _____

Signature of Parent/Guardian

Date

Print name of Parent/Guardian