

## **DEPARTMENT OF EDUCATION**

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Date: \_\_\_

## Delaware Department of Education Home Language Survey Las Américas ASPIRA Academy

	nation	1									1		
First Name:  Last Name:  Birthdate:				Country of birth:									
					Date of entry in the US:  Date student first enrolled in a US school:								
Circle grade	s your	child a	ttended	d in US	schools								
PK	K	1	2	3	4	5	6	7	8	9	10	11	12
					ic Seen (	zili Olic	umac	S scho	OI?				
1. What		age did					ı	lect:	OI!				
	age:		l your (	child fi	rst lear	n?	Dia	lect:	OI?				
<u>Langua</u>	age: langua		l your (	child fi	rst lear	n?	<u>Dia</u> se at h	lect:	oir				

Please complete other side

Language:	Dialect:
Parent Name:	
Parent Signature:	
Date:	

5. What language would you prefer to receive information from your school?

LEA: Please have all families complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. (If a language other than English or Non-US English is listed on questions 1-3, the LEA must continue with a records review, step 2 of the English learner identification process.)

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