



**RIVERSIDE PUBLIC SCHOOLS
DISTRICT 96**

STUDENT LANGUAGE SURVEY

Student's Name				
		Last	First	Middle
School:		Grade:		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date		
Place of Birth	City:	State	Country	
Last School Attended		Grade		
Location of Last School				
Date Entered U.S.A.	Month:	Year:		

Is a language other than English spoken in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>Yes</i> , which language (s)?	
Does the student speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>Yes</i> , which language (s)?	
What was the first language your child learned?	
Which language does your child use most often when he/she speaks to friends?	
<input type="checkbox"/> English <input type="checkbox"/> Other	Specify
Which language does your child use most often when he/she speaks to you?	
<input type="checkbox"/> English <input type="checkbox"/> Other	Specify
Check special programs that your child has attended in U.S.A. schools:	
<input type="checkbox"/> Bilingual <input type="checkbox"/> ESL <input type="checkbox"/> TPI <input type="checkbox"/> Other Language Program	

***As part of our compliance with completing the Fall Housing Report, the State Board of Education asks for the following student ethnicity information. **Please select one:**

- White, Non-Hispanic
 Black, Non-Hispanic
 American Indian or Alaskan Native
 Asian or Pacific Islander
 Hispanic
 Multi-Racial/Ethnic

Parent/Legal Guardian Signature _____	Date _____
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