

LOS ANGELES UNIFIED SCHOOL DISTRICT
BERENECE CARLSON HOME/HOSPITAL SCHOOL
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RAMON CORTINES
Superintendent of Schools

DEBORAH RUBENACKER
Director, Related Services

JANICE DAVIS
Director, High School Programs

JOE SALVEMINI
Administrator

Student Name

DOB

Teacher Name

HOME LANGUAGE SURVEY

What language did this student learn when he or she first began to talk? _____

What language does this student most frequently use at home? _____

What language do you use most frequently to speak to this student? _____

Which language is most often used by the adults at home? _____

Has this student received any formal English language instruction (listening, speaking, reading or writing)? Yes No

SIGNATURE

I verify that this information is true and correct.

X _____ Date _____

SIGNATURE OF: (CHECK ONE) PARENT LEGAL GUARDIAN OTHER

ENCUESTA SOBRE EL IDIOMA EN CASA

Que idioma aprendió este estudiante cuando comenzó a hablar por primera vez? _____

Que idioma utiliza con mayor frecuencia en casa este estudiante? _____

Que idioma utiliza usted con mayor frecuencia para hablarle a este estudiante? _____

Que idioma utilizan con mayor frecuencia los adultos en casa? _____

Ha recibido este estudiante instrucción formal en el idioma ingles (escuchar, hablar, leer o escribir)? Si No

FIRMA

Yo confirmo que esta información es verdadera y correcta.

X _____ Fecha _____

FIRMA DE: (MARQUE UNO) PADRE/MADRE TUTOR LEGAL OTRO

"The teachers, administrators and staff of the Los Angeles School District believe in the equal worth and dignity of all students and are committed to educate all students to their maximum potential."