



LOS ANGELES UNIFIED SCHOOL DISTRICT

Ramon C. Cortines
Superintendent of Schools

Carlson Home/Hospital School
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Secondary Instruction

Janice Davis
Director, High School Programs

Jack Bagwell
Elementary Director, Local District 2

Joe Salvemini
Principal

Date: \_\_\_\_\_

To: Joe Salvemini, Principal [Signature]

1. ACKNOWLEDGMENT OF CARLSON WELCOME LETTER

The teacher has discussed the Carlson Home/Hospital School introductory letter with me. I understand that the guidelines listed are important and will be followed in order to provide my child with service from the Home Teacher. In order to assist the Home Teacher in providing an appropriate educational program for my child, I am voluntarily giving permission to my child's regular school of attendance to release a copy of educational records and information.

I am aware that a Carlson administrator may arrive without prior notification to observe the teacher.

2. 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? \_\_\_\_\_

What 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 \_\_\_

I verify that the Home Language Survey information I have provided is true and correct.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Last First MI

Home Phone (\_\_\_\_\_) \_\_\_\_\_

CUM Carrying School \_\_\_\_\_ Local District \_\_\_\_\_

Carlson Home/Hospital School Teacher \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_