

<small>MINNESOTA DEPARTMENT OF</small> <b>Children</b> <i>Families Learning</i>	LEP Education Unit 1500 Highway 36 West Roseville, MN 55113-4266	<b>HOME LANGUAGE QUESTIONNAIRE</b>	ED-01336-07
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**THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL :**

STUDENT IDENTIFICATION INFORMATION		
Student's Name (First, Middle, Last)		
Date of Birth	Age	Grade Level

DISTRICT IDENTIFICATION/VERIFICATION INFORMATION		
School Name	District Number	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.		
_____ Name (Printed)		
_____ Signature – Responsible Authority	_____ Title	_____ Date

**THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN:**

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i></p> <p><i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i></p> <p><i>Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN VERIFICATION OF INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date