



Montana
Office of Public Instruction
Elsie Arntzen, Superintendent

APPENDIX A
MONTANA HOME LANGUAGE SURVEY
UPDATED WINTER 2021

District:

School:

The purpose of this survey is to ensure that your child receives the highest quality education and services to which they are entitled. The information you provide will be used to assist in making the most informed program decisions for your child.

Student's Name

Birth Date:

Parent/Guardian Name:

Sex:

Address:

Home Phone

Work Phone:

Answer each question by marking either the YES or NO box:

YES

NO

1. Is your child's first-learned or home language anything other than English?

2. Do you use a language(s) other than English with the child?

3. Does the child understand when someone communicates with them in a language other than English?

4. Does the child have significant exposure to another ancestral language other than English spoken by their family, friends or other community members?

5. Does the child read in a language(s) other than English?

6. Does the child write in a language(s) other than English?

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home?

8. If you answered YES on one or more of questions 1-6, what language(s) other than English is the student exposed to in their community?

9. If available, in what language would you prefer to receive communication from the school?

Parent or Guardian's Signature:

Date: