



Orange County Department of Education
Division of Alternative Education
Community Home Education Program

(Office Use Only)

Teacher: _____

HOME LANGUAGE SURVEY
(New Enrollees Only)

Name of Student: _____
Last First Middle

Date of Birth: _____ Age: _____ Grade: _____
Month Day Year

Place of Birth: _____
City State Country

CHEP Site: ☐ Central ☐ North ☐ West

Most recent California Public School Attended: _____ District: _____

Foreign Born:

- Date student first entered the USA _____
Month Day Year
- Date student first entered a school in the USA _____
Month Day Year
- Date student first entered a California public school _____
Month Day Year

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to your child's teacher. Thank you for your help.

1. Which language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. What language is most often spoken by the adults at home? _____

Signature of Parent

Date