Vilas Interactive Long-distance Alternative School
Local: 719-523-4952 P.O. Box 727 Fax: 719-523-4299
Toll Free: 1-866-539-4941 Vilas CO 81087 Email: Vilas@VilasOnline.org

Home Language Survey Form

Dear Parents/Guardian:

The Office of Civil Rights and Colorado Department of Education require school districts to determine the dominant language spoken by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of the language assessments: Thank You

_____

Student Last name: First name Middle

_____ _____ _____

Grade Birth Date Birth Place

_____

School

1. What language did your son/daughter learn when he/she first began to talk?_____
2. What language does your son/daughter use at home?_____
3. What language do you use when speaking to your child?_____
4. Name the language you child speaks with his/her friends outside the home._____
5. Does your child read and speak English? YES NO

Check the box if your family has moved at some time in the past 3 years to look for work in:

- ☐ Agriculture (farming, dairy)
- ☐ Orchards
- ☐ Nursery (trees, flowers, gardening)

_____ _____

Signature of parent or guardian Date:

_____ _____

Translator's printed name Translator's Signature:

President Dennis Thompson | Vice President Vance Alfrey | Secretary Bill Brooks | Treasurer Rodney Dodge | Member Zaylan Konkel