

## Orange Unified School District Home Language Survey –English

Student's Last Name:		First Name:	Middle:	School (OUSD):	
Grade:	Age:	School Last Attended (if any):	District Last Attended (if any):	<input type="checkbox"/> Out of State <input type="checkbox"/> Out of Country <input type="checkbox"/> From Private School	
Birth Date:	Place of Birth:	Date Entered U.S. (if Birthplace is not in the USA):	Dated Entered California:	Student#:	Teacher (Elementary):

*The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for the school to provide adequate instructional programs and services. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the school office. Thank you for your help.*

1. Which language did your son or daughter learn when he or she first began to talk?

2. What language does your son or daughter most frequently speak at home?

3. What language do you use most frequently when speaking with your son or daughter?

4. What language is spoken most often by the adults in the home?

**Signature of Parent/Guardian:**

**Date:**

*To comply with federal guidance issued by the U.S. Department of Education regarding the collection of student race and ethnicity data, we request your answers to the following two questions. (Federal Register, Vol. 72, No.202) Also, as part of the California State Assessment Program, we are required to submit to the State, information on student ethnicity that is meant to help assure that all student groups are making adequate progress. Please be assured that all responses will be kept confidential.*

**Please answer questions 1 AND 2**

1. **Ethnicity**    Is this student Hispanic or Latino? (*Select only one*)
- No, not Hispanic or Latino       Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking **one or more** boxes to indicate what you consider your race to be.

2. **Race**      What is the race of this student? (*Select one or more*)
- |   |   |  |                                    |
|---|---|--|------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Guamanian                 | <input type="checkbox"/> Hawaiian  |
| <input type="checkbox"/> Hmong                            | <input type="checkbox"/> Japanese               | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Laotian   |
| <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan                    | <input type="checkbox"/> Tahitian  |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> White                  |  |                                    |