Minnesota Department of Education

Home Language Questionnaire

ED-01336-08E

The following is to be completed by School District Personnel:

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/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

Dear Parents and Guardians:
In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.

1. Which language did your child learn first? ☐ English ☐ Other (specify): _____
2. Which language is most often spoken in your home? ☐ English ☐ Other (specify): _____
3. Which language does your child usually speak? ☐ English ☐ Other (specify): _____

PARENT/GUARDIAN 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