

## **APPENDIX A MONTANA HOME LANGUAGE SURVEY**

opi.mt.gov Elsie Arntzen, Superintendent		SCHOOL YEAR 2023-2024 DECEMBER, 2022					
District: School:							
The purpose of this survey is to ensure that y are entitled. The information you provide will child, such as testing of English proficiency t	be used to assi	st in making the me	ost informed progra	am decisio	ns for vo	ur	
Student Name: Birth Date:							
Parent / Guardian Name:			Sex:				
Address:				In the second second		*****************	
Home Phone:	Work Phone:						
Answer each question by marking either the YES or NO box:					YES	NO	
Is your child's first-learned or home language anything other than English?							
<ol><li>Does anyone in your home communicate with your child in a language other than English? Do not include world language practice or instruction.</li></ol>							
3. Has your child's language been influenced by an ancestral or tribal language?							
4. Does your child read and/or write in a language other than English? Do not include world language practice or instruction.							
5. What language(s) does the student use at home?  AIM Census			Census: H	lome Lar	nguage		
What language(s) other than English is the student exposed to in their home or community?			AIM Ce	AIM Census: Language of Impact			
7. If available, in what language would you prefer to receive communication from the school?							
Parent / Guardian Signature:							
Date:		1					