HAMILTON SCHOOL DISTRICT
Home Language Survey

Student First Name: __________________________   Student Middle Initial :_____
Student Last Name: __________________________
Grade: ________DOB: ___/___/______
District: ________________   School: ________________

Parent/Guardian Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Student</th>
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During an online registration you indicated that your child uses a language other than English. The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

**Please answer only SECTION I and return it to your child’s school.**
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SECTION I

1. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

   ● Yes
   ● No

2. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

   ● Yes
   ● No

3. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

   ● Yes
   ● No

4. Is this student a Native American, Native Alaskan, or Native Hawaiian?

   ● Yes
   ● No

5. Is this student’s language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

   ● Yes
   ● No

Parent/Guardian Signature: ___________________________________________
Date: _____________________
SECTION II ( to be filled by Hamilton school district staff member ):

HLS Result: Screen / Do not Screen

Languages other than English used by student, if identified:
________________________

Parental preference for languages used for school communications (may be multiple):

Parent name: __________________________
Oral: __________________________
Written: __________________________

Parent name: __________________________
Oral: __________________________
Written: __________________________

HLS administered by:
_________________________, position __________________________.