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EL - MOUNTAIN HOME SCHOOL DISTRICT #193
STATEWIDE HOME LANGUAGE SURVEY AND FAMILY MOBILITY SURVEY – FORM 1 (674)

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

Student Information	Please Indicate Response
Date: [MM/DD/YYYY]	
Student Name:	
Student Birthdate: [MM/DD/YYYY]	
School of Enrollment:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade Level:	

1. What language(s) are spoken in the home?

2. What language(s) does your student speak most often?

3. What language(s) did your student first learn?

4. Which language does your child speak with you?

5. Which language do you use when speaking with your child?

6. Which language do you want phone calls and letters? _____
7. What is your relationship to the child? _____
 Mother Father Guardian Other (specify) _____
8. Is there any additional information you would like the school to know about your child?

Parent Signature _____ Date _____