



State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island 02903-3400

Deborah Gist
Commissioner

RHODE ISLAND HOME LANGUAGE SURVEY

The information requested on this form is necessary for the most appropriate placement for your child as required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f)) and will not be used for any other purposes. Thank you for your cooperation.

To be completed by parent or guardian:	
Student Name: _____ Country of Birth _____	
Registration Date: _____	Date of Birth: _____ Date entered United States: _____
1. What <u>language</u> do you use <u>most often</u> when speaking to your child? _____	
2. What <u>language</u> did your child <u>first</u> learn to speak? _____	
3. What <u>language</u> does your child use <u>most often</u> when speaking to you? _____	
4. What language does your child use <u>most often</u> when speaking to other adults in the home or to their primary caretaker? _____	
5. What <u>language</u> does your child use <u>most often</u> when speaking to siblings or other children in the home? _____	
6. What <u>language</u> does your child use <u>most often</u> when speaking to friends or neighbors <u>outside</u> the home? _____ _____	
Signature of Parent or Guardian	Date
_____ Print Parent/Guardian Name	

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