



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

Deborah A. 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.

<b>To be completed by parent or guardian:</b>	
Student Name: _____	
Registration Date: _____	Date of Birth: _____
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 _____	

Telephone (401)222-4600    Fax (401)222-6178    TTY 800-745-5555    Voice 800-745-6575

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