



**AUSTIN INDEPENDENT SCHOOL DISTRICT**

**HOME LANGUAGE SURVEY**  
19 TAC Chapter 89, Subchapter BB§891215

Dear Parent or Guardian,

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

**Home Language Survey applicable ONLY if administered for students enrolling in grades PK-12**

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID#** \_\_\_\_\_

**CAMPUS:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN GRADES PK-8 (or BY STUDENT IN GRADES 9-12):** The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE**

1. What language is spoken in your home **most of the time**? \_\_\_\_\_

2. What language does the student speak **most of the time**? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student in Grades 9-12: \_\_\_\_\_ Date: \_\_\_\_\_

**This survey shall be kept in each student's permanent record folder.**