

[PLEASE PRINT]

CHERAW SCHOOL DISTRICT #31  
110 LAKEVIEW  
P.O. BOX 160 CHERAW, CO 81030  
719-853-6655

LANGUAGE HISTORY QUESTIONNAIRE

All students enrolled in Cheraw School District #31 need to have their parent(s) or guardian(s) complete and sign this form. We value a student's ability to speak a language other than English and we encourage him/her to maintain those language skills. However, if a student has difficulty speaking, reading or writing the English language, we want to help them improve their English language skills.

STUDENT'S  
NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

DATE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
GENDER: Male / Female (Circle One)

1.  YES  NO Does the student speak a language other than English? (Do not count languages learned in foreign language classes.) *What language?* \_\_\_\_\_
2.  YES  NO Does the student understand a language other than English? (Do not count languages learned in foreign language classes.) *What language?* \_\_\_\_\_
1.  YES  NO What was the student's first language spoken? *What language?* \_\_\_\_\_
3.  YES  NO Does anyone in the student's home speak a language other than English? (Count parents, guardians, babysitter, siblings, grandparents and others only if they live or work in the student's home.)
4.  YES  NO Is the student attending the school as a foreign exchange student?

PARENT(S) NAME(S)	ADDRESS	TELEPHONE

Signature of Parent/Guardian providing information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date