

Name of Student: _____

Grade: _____

HOME LANGUAGE SURVEY

Students in grades K-5: Parent is to complete survey for student.
 Students in grades 6-12: Student is to complete survey.

- | | | | |
|--|----------------------------------|----------------------------------|--------------------------------|
| 1. What is the first language the student learned to speak? | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
| 2. What language is most often spoken in the student's home? | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
| 3. What language does the student most often speak? | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
| 4. In what language does the student read? | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
| 5. In what language does the student's parent(s) read? | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |

McKINNEY-VENTO ACT SURVEY

All public schools are required by federal law to provide services for students who qualify based upon the McKinney-Vento Act. This act deals with housing. There are services that can be offered to children and youths who are sharing the housing of those persons due to loss of housing, economic hardship (or similar reason), living in standardized housing, or living in primary nighttime residence that is a public or private place not ordinarily used as a regular sleeping accommodation. Please complete the following and return to your child's counselor. ALL INFORMATION IS CONFIDENTIAL. Only total numbers are reported.

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 01. Do you and your child(ren) live in a dwelling that is owned by another family AND that member lives there also? (EX: Your family lives with grandmother in grandmother's house) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 02. Does your family share a dwelling with another family? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 03. Does your residence have plumbing that does not work? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 04. Do more than two people have to share a bed in your living area? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 05. Is your family living in a shelter? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 06. Is your family living in a car or at a camping ground? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 07. Do you have problems or difficulty heating your living area? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 08. Does your child live with a friend or relative without the biological parent(s) or legal guardian living there? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 09. Has your family recently lost housing due to loss of employment, fire, tornado, or flooding? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Is housing inadequate for human habitation? |

Signature of Parent (for students in grades K-5)

Date

Signature of Student (for students in grades 6-12)

Date