



Michigan Department of Education HOME LANGUAGE SURVEY (HLS)

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset!

Please provide us with the following information:

Student's Name (First): _____ (Middle): _____ (Last): _____

Age: _____ Grade: _____ Gender: _____ Date of Birth: _____ (Month/Day/Year)

Please answer the questions below. If your response is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

1. What language is used most at home? Please Check **ONE**. (Note to Staff: This is the **PRIMARY** language in MiSTAR)

? ☐ English ? ☐ Spanish ? ☐ Arabic Other (Please specify): _____

2. What Language is used most by the student? Please Check **ONE**.

? ☐ English ? ☐ Spanish ? ☐ Arabic Other (Please specify): _____

3. Was the student born outside of the US or Puerto Rico? ☐ Yes ☐ No (If yes, please specify country) _____

When did the student enter **U.S. Schools** for the first time? _____ (Month/Day/Year)

Street Address

City/Zip

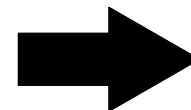
Phone

Printed Name of Parent/ Guardian or Eligible Student

Signature of Parent/ Guardian or Eligible Student

Date

Every family MUST Complete School History on the back of this page.



For Internal Use Only: UIC: _____ **Local:** _____ ☐ MCIR ☐ BAA ☐ MISTAR ☐ IMMIGRANT ☐ 31A ☐ SCRFEEENER ☐ LEP

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