



Deborah A. Gist
Commissioner

Barrington Public Schools
Barrington, RI 02806

RI Department of Education 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.

To be completed by parent or guardian:

Student Name: _____

Registration Date: _____ Date of Birth: _____

1. What language do you use most often when speaking to your child?

2. What language did your child first learn to speak?

3. What language does your child use most often when speaking to you?

4. What language does your child use most often when speaking to other adults in the home or to their primary caretaker?

5. What language does your child use most often when speaking to siblings or other children in the home?

6. What language does your child use most often when speaking to friends or neighbors outside the home?

Signature of Parent or Guardian

Date

Print Parent/Guardian Name