

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: (First Name and Last Name)		Student Date of Birth: (mm/dd/yyyy)
Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	In what language(s) would your family prefer to communicate with the school? ——————————————————————————————————	
Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	 What language did your child learn first? What language does your child use the most at home? 	
	4. What languages are used in your home?	
Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	J Yes △ No If yes, how many years/months If yes, what was the language 7. Has your child attended school	ormal education outside of the United States? of instruction? of in the United States? Δ Yes Δ No t attend a school in the United States?
Additional Information Please share additional information to help us understand your child's language experiences and educational background.		
Parent/Guardian First Name:	Parent/Guardian I	_ast Name:
Parent/Guardian Signature:	Today's Date: (mm	n/dd/yyyy)

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: https://www2.ed.gov/about/offices/list/ocr/ellresources.html

