

**EAST GRANBY PUBLIC SCHOOLS**



**DOMINANT LANGUAGE**

Parent Questionnaire for Preliminary Assessment of Dominant Language  
(Step 1)

Date: \_\_\_\_\_

Dear Parent / Guardian:

Connecticut State Law requires that each school district conduct a preliminary assessment of the dominant language of each student in its public schools. This assessment is made in order to ascertain the need to provide a required bilingual education program for students who are limited English proficient.

Please complete the following form and return it to the office.

Thank you for your cooperation.

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Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Where was your child born? \_\_\_\_\_

What language did your child first learn to speak?  
\_\_\_\_\_

What is the primary language spoken by you or other persons in your home?  
\_\_\_\_\_

What is the primary language spoken by your child when he/she is at home?  
\_\_\_\_\_

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Parent's Signature

Date