

**MILL VALLEY SCHOOL DISTRICT**  
**Primary Language Parent/Guardian Survey**

When you enrolled your child you indicated that your child spoke \_\_\_\_\_ or that the language is spoken in the home. Please complete the survey below to help us determine your child's fluency in his/her primary language.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Name of parent/guardian who is completing survey \_\_\_\_\_.

Please indicate our child's fluency in \_\_\_\_\_ in the areas listed below:

**CHECK DESCRIPTION THAT BEST DESCRIBES FLUENCY**

**Listening/Speaking**

My child is able to understand his/her primary language.                      very well                       moderately well                       not at all

My child is able to speak his/her primary language using correct grammar.                      very well                       moderately well                       not at all

**Reading**

My child is able to read in his/her primary language.                      very well                       moderately well                       not at all

My child is able to understand what he/she reads in his/her primary language.                      very well                       moderately well                       not at all

**Writing**

My child is able to write effectively in his/her primary language using correct grammar and punctuation.                      very well                       moderately well                       not at all

Date of student's entry into a California School: \_\_\_\_\_

Signature of parent/guardian completing the survey \_\_\_\_\_ Date \_\_\_\_\_

School Officials signature \_\_\_\_\_ Date \_\_\_\_\_  
(principal, teacher, instructional assistant or clerical staff)