

**Special Education Information:**

Has your child now, or ever, received Special Education services?  Yes  No

If yes, please indicate what type(s):  Speech/Language  ORSP  Special Day Class  Adaptive PE  
 Occupational Therapy  Other \_\_\_\_\_

**Language Survey**

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

Which language does your child most frequently speak at home? \_\_\_\_\_

Which language do you most frequently speak to your child? \_\_\_\_\_

Which language do the adults in the home speak most often? \_\_\_\_\_

**Ethnicity** Is this student Hispanic or Latino? *(Select only one)*

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

**Race** What is the race of this student? *(Select one or more)*

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hmong
- Japanese
- Korean
- Laotian
- Other Asian
- Other Pacific Islander
- Samoan
- Tahitian
- Vietnamese
- White

### Ethnic Background

Please place a number 1 next to the ethnicity you most identify with. If you identify with more than one ethnicity, please indicate those with the numbers 2, 3, and so forth.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hawaiian                  |
| <input type="checkbox"/> Chinese                           | <input type="checkbox"/> Guamanian                 |
| <input type="checkbox"/> Japanese                          | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Korean                            | <input type="checkbox"/> Tahitian                  |
| <input type="checkbox"/> Vietnamese                        | <input type="checkbox"/> Other Pacific Islander    |
| <input type="checkbox"/> Asian Indian                      | <input type="checkbox"/> Filipino                  |
| <input type="checkbox"/> Laotian                           | <input type="checkbox"/> Hispanic or Latino        |
| <input type="checkbox"/> Cambodian                         | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Other Asian                       | <input type="checkbox"/> White (not Hispanic)      |
| <input type="checkbox"/> Other or Not Specified            |  |