

Date _____

Name of School District _____

Name of School _____

HOME LANGUAGE SURVEY TRADITIONAL CHINESE VERSION

T07-012 T-Chinese
PMingLiU Font
Page 1 of 2

(1) Name of Student _____
(Surname/Family Name) (First Given Name) (Second Given Name)

(2) Age of Student _____ Grade Level _____ Name of Teacher _____

Note: School district personnel should complete all of the information items above this line.

給家長和監護人的指示：

加利福尼亞州《教育法》(Education Code) 含有法定要求，即各個學校必須確定每個學生在家中使用的口頭語言。本資訊對於各學校提供完善的輔導學程和服務來說至關重要。

作為家長或監護人，您必須給予配合，以便順利執行這項法定要求。請盡可能準確地回答後述四個問題。請在每個問題所提供的空白處填寫相應語言的名稱。請勿遺漏任何問題。

1. 您的孩子開始學習說話時學的是哪種語言？ _____
2. 您的孩子在家中最常講的是哪種語言？ _____
3. 您(家長或監護人)在與您的孩子交談中最常使用哪種語言？ _____
4. 家裡的成人(家長、監護人、祖父母或任何其他成年人)
最常講的是哪種語言？ _____

請在下面相應的空白處簽名並註明填寫日期，然後將本表交回給您孩子的老師。多謝合作。

[Form HLS, Source Document Revised October 2005]

[California Department of Education]

(家長或監護人簽名)

(日期)

T07-012 T-Chinese
PMingLiU Font
Page 2 of 2

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAs): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.]