

Home Language Survey

School: _____ District: _____ Date: _____

Student Information

First Name:	Last Name:	Date of Birth:	Gender:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth:	Date of Entry in U.S.:	Date First Enrolled in a U.S. School	Current Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Information

Name of Parent/Legal Guardian:	Phone Number:
<input type="text"/>	<input type="text"/>
Address:	Please Translate School Notices in Below Listed Language:
<input type="text"/>	<input type="text"/>

Questions for Parent/Guardian

Response

Please list all languages spoken in your home:	<input type="text"/>
Which language did your child first hear or speak?	<input type="text"/>

If English is the only language listed, STOP here. If another language is listed, please answer the rest of the questions

Which language(s) do you speak to your child?	<input type="text"/>
Which language(s) does your child speak at home with adults?	<input type="text"/>
Which language(s) does your child speak at home with other children?	<input type="text"/>

For parents and guardians: If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can, speak, understand, read and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/Guardians may accept or decline ESOL program services for their child.

Instructions for survey administrator:

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey.

Date of referral to ESOL teacher: _____

3. File original Home Language Survey in student's cumulative folder.