

HOME LANGUAGE SURVEY

DATE: _____

SCHOOL DISTRICT: _____

NAME OF STUDENT: _____

Family Name

First Name

Middle Initial

DATE OF BIRTH: _____ / _____ / _____

Month

Day

Year

PLACE OF BIRTH: _____

City

State

Country

NAME OF PARENT/GUARDIAN: _____

Family Name

First Name

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: Home/Work/Cell _____

SECONDARY PHONE: Home/Work/Cell _____

For Parents/Guardians:Please answer the following questions:What language did your son/daughter speak when s/he first learned to talk?
_____What language does your son/daughter use most frequently at home?
_____What language do you use most frequently when communicating with your son or daughter?
_____What language do the adults at home most often speak?

How long has your son/daughter attended school in the United States? _____

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (4.1.1.18)(G-1270), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT**Communication Skill****Proficiency Level**

Listening:	<input type="checkbox"/> Pre-functional	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient
Speaking:	<input type="checkbox"/> Pre-functional	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient
Reading:	<input type="checkbox"/> Pre-functional	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient
Writing:	<input type="checkbox"/> Pre-functional	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient
Comprehension*	<input type="checkbox"/> Pre-functional	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient
Composite**	<input type="checkbox"/> Pre-functional	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient

* **The Comprehension level is derived from Listening and Reading.**

** **The Composite level is derived from Listening, Speaking, Reading, Writing, and Comprehension.**

Assessment instrument(s) used: _____

Student is LEP? _____ Yes _____ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (4.1.1.19)(G1230)

If student has been in U.S. schools for less than three (3) years, is the student eligible for extended accommodations for Statewide academic assessment? _____ Yes _____ No

Signature of District Personnel