



EL Studies Program
HOME LANGUAGE SURVEY

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

Student's Name _____ Male/Female _____
Last First Middle

School Name _____ Grade _____

Country of Origin _____ Native Language _____ Dialect _____

Date of Arrival in United States _____ / _____ / _____
month day year

Date of Birth _____ / _____ / _____
month day year

FIRST TIME IN U.S. SCHOOL
_____ / _____ / _____
month day year

About the student: Language Background

- a. Which language does your child **best** understand and speak? _____
- b. Which language does your child **most frequently** speak at home? _____

About the parent: Language Background

- c. Which language do adults in your home **most frequently** use when speaking with your child? _____
- d. What is the primary spoken language of the parent? _____

Language for School Communication

- e. In which language would you prefer to receive all school information? _____
- f. Do the parents require/request the services of an Interpreter to assist with communication? Yes No

My child is one of the following:

- a. a refugee
- b. an immigrant
- c. U.S. born, first language not English.

Signature of Parent/Guardian/Other _____ Date _____ / _____ / _____
month day year

Name and signature of person interpreting/completing document (if not parent). _____ Date _____ / _____ / _____
month day year

UPON COMPLETION

Original - EL Studies Program Files Copy - ESOL Teacher Copy - Home School (elementary only)