

HOME LANGUAGE SURVEY

DATE: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_  

Family Name	First Name	Middle Initial
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DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  

Month	Day	Year	City	State	Country
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NAME OF PARENT/GUARDIAN: \_\_\_\_\_  

Family Name	First Name
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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 (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 (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

4/12/10

11/23/10