

ELL 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

School Name _____ Date _____ / _____ / _____
month day year

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

Country of Origin _____ Native Language _____ Dialect _____

Homeroom Section _____ Grade _____

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

FIRST TIME IN U.S. SCHOOL

_____ / _____ / _____
month day year

Date of Birth _____ / _____ / _____
month day year

Questions:

- a. What is the first language your child learned to speak? _____
- b. Which language does your child most frequently speak at home? _____
- c. Which language do adults in your home most frequently use when speaking with your child? _____
- d. Which language(s) does your child currently understand or speak? _____
- e. What is the primary spoken language of the parent? _____
- f. If possible, would you prefer notice of school activities in a language other than English? Yes No
 If yes, which Language? _____
- g. 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

UPON COMPLETION

Original - ELL Studies Program Files

Copy - ESOL Teacher

Copy - Home School (elementary only)