

English as a Second Language Program Home Language Survey

Directions:

1. Parents/guardians of all new students (including preschool and kindergarten) complete this form at the time of enrollment and record all information requested. Contact the School Board Office/Office of Instruction/ESL for interpreting services whenever necessary.
2. Send a copy of the survey to the School Board Office/Office of Instruction/ESL. Place the original in the student's cumulative records folder.

Student Name: _____

School: _____ Current Grade: _____

Student Date of Birth: _____ Gender: Male Female

City/State/Country of Birth: _____

1. What is the relationship of the person completing the survey?

- Mother
 Father
 Guardian
 Other _____

2. What is the first language the student learned to speak? (Please include English dialects.)

3. Can the student speak a language other than English?

- Yes (If yes, what other language does the student speak? _____)
 No

4. Which language does the student speak to his/her friends? _____

5. What language is spoken in the home? _____

Signature of person completing form

Date