



Home Language Survey

Date: _____

Student's Name: _____

Male: _____ Female _____ Race _____

Date of Birth: _____

Age _____

Grade _____

1. What language is spoken in your home most of the time? _____
2. What language does the student speak most of the time? _____
3. What language do parents speak to the student most of the time? _____
4. What language did your child learn when he/she first began to talk? _____
5. Has the student received "English as a Second Language" services in previous schools? Yes _____ No _____
If yes, when and where services last received? Year _____

School: _____

Signature of Parent/Guardian: _____

Date: _____

FOR ESL OFFICE USE ONLY

Date Rec in ESL office: _____

LEP Category: _____

Date of LAS test: _____

LMS Category: _____

Test Results: _____

ESL Program services/School