

HOME LANGUAGE SURVEY

The Office of Civil Rights and the Colorado Department of Education require school districts to determine the dominant language spoken by your child to help provide meaningful instructional programs.

Please answer the questions below as accurately and completely as possible. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purposes. Thank you for your cooperation.

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
School Information			
Enrollment Date:	Current School:	Current Grade:	Child's Birthplace:
Has the student ever received English as a Second Language (ESL) services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student attended school regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Questions	Response		
Is a language other than English spoken in your home?			
Does your child speak a language other than English?			
What language did your child first speak?			
What language does your child speak with his/her friends?			
What language does your child speak most often?			
Additional Parent Information			
Home Telephone # _____	Cellular Telephone # _____		
Please provide the names of other siblings within the District: _____			

Parent Signature _____ Date: _____

For Office Use

Student has been identified as: English Only ELL: NEP LEP FEP

WAPT Placement Administered: Yes No

*** Note:** If another language is present in the home, the English language proficiency test **MUST** be administered.

Screened by: _____ Date: _____

ENCUESTA SOBRE EL IDIOMA DEL HOGAR