



Home Language Survey

Student's Name: _____
(Last Name) (First Name) (Middle Initial)

Country of Birth: _____ Date of Birth _____

1. What language(s) did **your child** use when he/she began to talk? _____
2. What language(s) does **your child** speak with you at home? _____
3. What language(s) do **you** use when you speak to your child? _____
4. What language(s) do **other adults** in your home speak to your child? _____

English

Another language

5. Does your child **read** in... Yes No **AND/OR** Yes No

6. Does your child **write** in... Yes No **AND/OR** Yes No

7. Has your child attended public school in the state of Colorado? Yes No

If "Yes", how many years has your child attended school in Colorado? _____
What grade(s) _____

Parent's (Guardian's) Signature _____

Date _____

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Thank you for providing this important information.

For School Use Only

1. Language Placement Assessment:

Assessment _____ Date Administered _____ Placement Score/Level _____

Speaking _____

Listening _____

Reading _____

Writing _____

2. Additional Assessment:

Literacy Assessments (name and result) _____

Observation /Discussion with (teacher/counselor/parents/student) _____

Native language/prior schooling analysis _____

Other (name and result) _____

3. Recommendation

After language and academic assessment review, and further observation, this student's participation in the ELA program is:

Recommended

Not Recommended

Parent Refusal

Because of the following:

ELA Teacher Signature _____

Date _____

School:	Id#:	Year:
Grade:	Teacher:	

1st Copy – Cumulative Record 2nd Copy – District ELA Office