

HOME LANGUAGE SURVEY

DATE: _____ GRADE: _____

SCHOOL DISTRICT: _____

NAME OF STUDENT: _____
Family Name First Name Middle I.

DATE OF BIRTH ____/____/____ PLACE OF BIRTH: _____
City State Country

NAME OF PARENT/GUARDIAN: _____
Family Name First Name

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to you son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-1270), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication skill

Proficient Level

| | | | | | |
|----------------|-----------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------|
| Listening | <input type="checkbox"/> Pre-functional | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficient |
| Speaking | <input type="checkbox"/> Pre-functional | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficient |
| Reading | <input type="checkbox"/> Pre-functional | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficient |
| Writing | <input type="checkbox"/> Pre-functional | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficient |
| Comprehension* | <input type="checkbox"/> Pre-functional | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficient |
| Composite** | <input type="checkbox"/> Pre-functional | <input type="checkbox"/> Beginning | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficient |

*The Comprehension level is derived from Listening and Reading.

**The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension.

Assessment instrument(s) used: _____

Student is LEP? Yes No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (G1230)

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? Yes _____ No _____