

Whitehall City Schools
HOME LANGUAGE SURVEY

DATE _____ NAME OF STUDENT _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
NAME OF PARENT/GUARDIAN _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
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 your 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? _____
- 6. Is there a family member, friend, or neighbor who would be available and willing to help translate conferences and other information into English? _____ If so, please list their name and their phone number. NAME _____ PHONE NUMBER _____

For Whitehall City School District Personnel:

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 (4.1.1.18), and proceed to assess the student's English language proficiency.

ENGLISH LANGUAGE ASSESSMENT

	<u>Communication Skill</u>		<u>Proficiency Level</u>	
Listening:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient Mainstream
Speaking:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient Mainstream
Reading:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient Mainstream
Writing:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient Mainstream

Assessment Instrument(s) used: _____
Student is LEP? ___ Yes ___ No
Indicate the student's status as LEP or Not LEP in the EMIS Student Data Element (4.1.1.19)

If the student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for the state assessments? Citizenship: Yes ___ No ___ Science: Yes ___ No ___
Mathematics: Yes ___ No ___ Reading: Yes ___ No ___ Writing: Yes ___ No ___