## SAMPLE HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:					
Name			Gra	de	
Address			Date of Bi	rth	
Date first enrolled in a school in the U.S.	Phone Number				
Student Language Information:  1. What language did your child first lear English Spanish O  2. What language does your child speak or other such programming. English Spanish O	Other (please specify)	de language lear	ned in a c	lass or thro	ugh television
3. What language do you speak/use with English O	n your child? Other (please specify)				
What language do the adults regularly     English Spanish O			ile in pres	ence of the	child?
Parent/Guardian Information: Which language do you prefer? English (Please specify "written" or "spoken". To the language.)	Spanish Other (speci le extent practicable, comm	fy) unication from the	 e school v	vill be provi	ded in this
Migrant Education Program Information: The Migrant Education Program (MEP) is at 1965 (ESEA). The MEP provides formula g for children who may qualify for the Migrant Program by responding to the following que	outhorized by Title I Part C or grants to local education ag t Program. Please help us	encies to establis	h or impro	ove educati	on programs
Have you or a member of your fami agriculture or fishing related work, in processing, feed yards, or field work	including dairies, nurseries,			Yes	No
Have your children moved with or to	o join the worker above in t	he past 36 month	ıs?	Yes	No
For the School: If the answer to either alejandrocabero@eudoraschools.org or					abero at
Signature of Parent or Guardian			Date		