

Home Language Survey

Student Name: _____ **Date:** _____

School: _____ **Birthdate:** _____ **Age:** ____ **Male:** ____ **Female:** ____

The Illinois School Code, the Emergency Immigration Act, and Title VI of the Education Amendments of 1984 (PL 98-511) state that each school district shall administer a home language survey to every student entering the district at the initial time of enrollment.

Please complete the questions below and return to your child’s school:

1. Country of Birth: _____

2. If the country of birth is **not** USA, what month and year did the student enter school in the USA:
 Month: _____ Year: _____

3. Is a language other than English spoken in your home? ____ Yes ____ No
 If yes, what language? _____
 If yes, who speaks the other language? parent(s)/grandparent(s)/sibling(s)

4. Does your child speak a language other than English? ____ Yes ____ No
 If yes, what language? _____

Parent Signature: _____ **Date:** _____

If the answer to either question 3 and 4 is yes, the school will assess your child’s English language proficiency. The school will measure your child’s listening and speaking skills and, for students in grades 2 through 8, reading and writing skills.

If you answered **Yes** to either question 3 or 4, complete reverse side.



Language Screener Information

Child's Name: _____

Today's Date: ____/____/____

Section I. Language Background

Does any adult in the home...	Yes	No	
<i>speak</i> to the child in a language other than English?			If yes, what language?
<i>speak</i> to the child in English?			

Does the child...	Yes	No	
<i>speak</i> English?			
<i>read</i> English?			
<i>speak another language?</i>			If yes, what language?
<i>read another language other than English?</i>			If yes, what language?

Section II. Child's Educational Background

Years of education in another country _____ Language of instruction

Did the child participate in an English as a Second Language program?

Yes () No () What type of program(s)? _____ Grades:

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