Curriculum Services

ESL/ESOL Student Home Language Survey

STUDENT HOME LANGUAGE SURVEY

Dear Parent/Guardian:			
The School District has an Eng to help students who may not be proficient in English because and who thus may have a need for additional help with the class proficient in English and you feel he/she may qualify for the E return it to your child's school. Please call the director of the E if you have any questions. Thank you for your cooperation.	of the use of sses they are SL program,	another lan taking. If yo please com	guage in the home, our child is not plete this form and
Student's Name:	Date:		
Person Completing Survey:MotherOther (specify)	Father		Guardian
Circle the best answer to each question about your child and pr	rovide additi	onal inform	ation if necessary:
1. Was the first language you learned English?		No	Yes
2. Can you speak a language other than English? (Do not count languages learned in foreign language classes.)		No	Yes
3. Is any language other than English used at home?		No	Yes
4. Which language do you use most often with friends?		English	Other:
5. Which language do you use most often with your parents?		English	Other:
6. Which language do you use most often with other relatives?	?	English	Other:
7. Have you attended school in a country other than the U.S.? (If Yes, how long and what grades?)	No	Yes
8. Have you attended another school in the U.S.? (If Yes, where and how long?)	No	Yes
9. Have you attended another school in Missouri? (If Yes, where and how long?)	No	Yes
10. Please provide any other related information that would he instruction needs for your child.			