

# PRIMARY HOME LANGUAGE SURVEY

2017-18

## Lakeland School System

The parent or legal guardian should complete this form during registration.

Date \_\_\_\_\_

Student Name  \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Student # \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The native/home language of each student must be recorded in his/her permanent record.

➤ **Please answer the following questions about your child's language background:**

1. What is the first language this child learned to speak? \_\_\_\_\_

2. What language does this child speak most often outside of school? \_\_\_\_\_

3. What language do people usually speak in the child's home? \_\_\_\_\_

*Listing another language other than English to any of the questions above **DOES NOT** qualify a student as an English language learner. It does require, however, that the student participate in an approved language proficiency assessment to determine language proficiency and possible ESL classification based on these assessment results. If any question is answered with another language other than English, a copy of this form should be forwarded to local school ESL teacher for language assessment testing.*

➤ **Collected for Funding Purposes Only:**

Was this child born in the United States?  Yes  No

If no, what is the country of birth? \_\_\_\_\_

Date entered the United States: \_\_\_\_\_

Date entered schools in the United States: \_\_\_\_\_

Has this student ever been enrolled in an ESL program?  Yes  No

In what language do you want correspondence sent to you from school? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_