

HOME LANGUAGE & IMMIGRANT SURVEY

DATE: _____

SCHOOL CORPORATION: Western School Corp

NAME OF STUDENT: _____

Last Name

First Name

Middle Initial

DATE OF BIRTH: ____/____/____ GRADE: _____ School Year _____

NAME OF PARENT/GUARDIAN: _____

Last Name

First Name

For Parents/Guardians:Please answer the following questions to determine student's status as language minority:

What was this student's first spoken language? _____ English _____ Other (indicate below)

What language does this student use most frequently at home? _____ English _____ Other (indicate below)

What is the language spoken most often by the parents? _____ English _____ Other (indicate below)

If you answered Other, please provide name of other language. _____

Was this student born outside of the United States or US Territories? No Yes (indicate below)

If yes, name of birth country _____

If yes, how long has your son/daughter attended school in the United States?

_____ Started before October 1, 2007

_____ Started after October 1, 2007 and before October 1, 2008

_____ Started after October 2, 2008 and before October 1, 2009

_____ Started after October 1, 2009

For School Corporation Personnel Only:

If the answer to any of the first three questions above is a language other than English, proceed to assess the student's English language proficiency.

ENGLISH LANGUAGE ASSESSMENT**Communication Skill Proficiency Level**

Listening:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Speaking:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

Assessment instrument(s) used: _____

Student is LEP? _____ Yes _____ No

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for Statewide academic assessment? _____ Yes _____ No_____
Signature of Corporation Personnel