

**PROGRAMS FOR LIMITED ENGLISH PROFICIENT/
LANGUAGE MINORITY STUDENTS
(Student Home Language Survey)**

Student's Name: _____ / _____ / _____

Date: _____ School: _____

Person Completing Survey: _____ Mother _____ Father _____ Student _____ Guardian

_____ Other (specify): _____

Circle the best answer to each question as it pertains to the student and provide additional information:

- | | | |
|---|---------|--------------|
| 1. Was the first language you learned English? | No | Yes |
| 2. Can you speak a language other than English? | 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 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.? No Yes (How long/what grades)

8. Have you attended another school in the United States? No Yes (Where and How Long)

9. Have you attended another school in Missouri? No Yes (Where and How Long)

10. Please provide any other related information that would help the school (for example, referral to gifted or special education programs in prior schools, etc.):

FILE: IGBH-AF1
Critical

Note to school Staff: This form should be given to all new and enrolling students. Any student who indicates the use of a language other than English should be assessed as to English proficiency. Elaboration on any of the above answers may be useful before administering detailed tests.

Adapted from the *Assessment of Language Minority Students: A Handbook for Educators*. Illinois Resource Center, 1985.

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Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 03/10/2003

Clinton School District #124, Clinton, Missouri