



ENTERPRISE CITY SCHOOLS

HOME LANGUAGE SURVEY

(To be completed for all students enrolling)

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Address:		Phone Number:	
City and Country of Birth:	Date first enrolled in any U.S. School (month/year): _____ School where enrolled: _____	Has the student received ESL services previously? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where _____	
School Information			
Current School:	School Year:	Homeroom Teacher:	Current Grade:

Questions for Parents/Guardians	Response
What is the native language of the student?	___ English ___ Spanish Other (Specify) _____
What is the predominant language of the student?	___ English ___ Spanish Other (Specify) _____
Which language is most often spoken by the student at home?	___ English ___ Spanish Other (Specify) _____
Is the student attending the school as a foreign exchange student?	___ Yes ___ No

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey and other pertinent information, students will be assessed for their level of English proficiency and services, if eligible. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once the determination of possible eligibility has been made, the following must occur:

- English proficiency assessment/screener, upon enrollment and annually thereafter, to assess level (1-6) of proficiency and measure growth annually.

Parent/Guardian Signature _____

Date _____