

Home Language Survey

*In accordance with federal and state requirements, the Home Language Survey will be administered to all students and **used only for determining whether a student needs English language support services** and will not be used for immigration matters or reported to immigration authorities.*

Student's Name (first, middle, last):		
Date of Birth (mm/dd/yyyy):	Gender:	
Place of Birth (country):		
Enrollment Date (mm/dd/yyyy):	School:	Grade (assigned by school):

Student's Native Language

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

1. What language (s) did the student first learn to speak? _____
2. What language does the student use most often to communicate? _____
3. What language (s) are spoken in your home? _____

Student's Educational History:

Has the student attended school before? Yes _____ No _____	In the United States? Yes _____ No _____
Please circle the highest grade completed: PreK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	Grades completed in school: in the United States: _____ in another country: _____

Please list prior schools by name, address and country:

School Name	Address	Country
School Name	Address	Country

Did the student receive ESOL/Bilingual services in a US school? Yes _____ No _____

Name of person completing the above form _____ Date _____	School Personnel Enrolling (name): _____
	<input type="checkbox"/> Completed form sent to ESOL office at TCEC _____ (initial and date) <input type="checkbox"/> Completed form sent to ESOL teacher _____ (initial and date)

