

## 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.

<b>Student's Name</b> (first, middle, last):		
<b>Date of Birth</b> (mm/dd/yyyy):		<b>Gender:</b>
<b>Place of Birth</b> (country):		<b>Date HLS form completed</b> (mm/dd/yyyy):
<b>Enrollment date</b> (mm/dd/yyyy):	<b>TCPS School:</b>	<b>Grade</b> (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 in another country? Yes _____ No _____	Has the student attended school before in the United States? Yes _____ No _____
If Yes, circle all grade levels completed in school in another country:	If Yes, circle all grade levels completed in school in the United States:
PreK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	PreK, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
<b>Did the student receive ESOL/Bilingual services in a US school?</b> Yes _____ No _____	

Please list prior schools by name, address and country:

<b>School Name</b>	<b>Address, City, State/Province</b>	<b>Country</b>
<b>School Name</b>	<b>Address, City, State/Province</b>	<b>Country</b>

<b>Name of person completing the above form</b> _____  <b>Date</b> _____	<b>School Personnel Enrolling (name):</b> _____  <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)
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*To be completed by school personnel and reported to ESOL Supervisor:*

*This information must be obtained from the prior school of enrollment:*

*First date in US school:* \_\_\_\_\_

*First date of ESOL services (if indicated as receiving ESOL/Bilingual services):* \_\_\_\_\_

*Obtain the most recent WIDA ACCESS scores or English Language Development scores to submit to ESOL Supervisor and ESOL teacher.*

*Name of school personnel completing this information:* \_\_\_\_\_ *Date:* \_\_\_\_\_