



HOME LANGUAGE SURVEY

Must be completed for All Students

Building: _____ Date: _____

Student Name: _____
(Last) (First)

Date of Birth: _____ Gender: M F Grade Level: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____

The Civil Rights Act of 1964, Title VI-Language Minority Compliance Procedures, requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania Department of Education has selected the Home Language Survey as the method for the identification.

What was the student's first language? _____

Does the student speak a language other than English? Yes No

If yes, please indicate language: do not include languages learned in school:

What language(s) is/are spoken in your home? _____

Has the student attended any United States school in any three (3) years during his/her lifetime: Yes/No

If yes, please complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Person completing this form (if other than parent/guardian):

Parent/Guardian Signature: _____ Date: _____

*The school district/charter school has the responsibility under federal law to serve students who are limited English proficient and need English Instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELL). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

Please file original with student's records.
Forward a copy to your District ESL Administrator.

PA Secure ID: _____

School District: **North Hills**

School: _____ Grade: _____



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English as a Second Language Student Background Questionnaire

Student's Name: _____
(First) (Last)

Male / Female Birthday: _____ Age: _____ Telephone: _____
circle one (month) (day) (year)

Address: _____

Father's Name _____ Father's Native Country _____

Mother's Name _____ Mother's Native Country _____

Names and ages of brothers and sisters: _____

Names and relationships of others living in the home: _____

Was your child born outside the U.S? No Yes If yes, list the country: _____

Child's First Spoken Language: _____

When did this student come to the United States? _____

What language is used with parents? _____ With siblings? _____
With friends? _____

If your child is cared for by another person, what language is most often used? _____

Is an interpreter needed for home/school communication? No Yes

My child...	Very well	Only a little	Not at all
Reads English			
Writes English			
Reads first language			
Writes first language			



Student's Name: _____

SCHOOL HISTORY

Please give the following information. Fill in name of each school one time. Indicate any breaks in schooling. Give any information that would help us understand your student's background better.

Age	Grade	Name of School; Location	Language(s) Used
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18+			

Last grade completed: _____ When? _____

Has your child studied English? No Yes How long? _____

Has your child ever received ESL instruction? No Yes Where? _____

Additional information you want us to know:

Student's special interests: _____

In school, student does well in: _____

Special medical problems the school should know about:

Does your child have learning difficulties? _____

Other: _____

Form filled out by: _____

(Signature)

(Date)

Student grade placement (if determined): _____