## **HOME LANGUAGE SURVEY**

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Stu	dent Information	1:				
Name					Grade	
Address				Da	ate of Birth	
Date first enrolled in a school in the U.S.  Phone Nur				Phone Number	nber	
Stu 1.		did your child fir	st learn to speak/use? Other (please specify) _		_	
2.	through television	on or other such	speak/use at home? Do <u>not</u> programming. Other (please specify) _			
3.			se with your child? Other (please specify) _		_	
4.	the child?		gularly present or living in the	•	•	
Wh (Ple		ou prefer? Engl en" or "spoken".	ishSpanish Other (s To the extent practicable, c		n the school will be	
The Edu	ucation Act of 196a ablish or improve	on Program (MEI 5 (ESEA). The I education progra	nation: P) is authorized by Title I Pa MEP provides formula grants ams for children who may qu ity for the Migrant Program b	s to local educatior alify for the Migrar	n agencies to nt Program. Please	
rela			moved in the last 36 months ries, meat or vegetable proce			
Hav Yes	•	oved with or to j	oin the worker above in the	past 36 months?		
			ner of the previous two quest 1114 and provide him a copy		e contact Mike Toole	
Sig	nature of Parent o	or Guardian		Date		
Signature of Parent or Guardian				Date		