USD 113 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.

St	udent Information	า:			
	Name			Grade	
	ddress			Date of Birth	
	Date first enrolled	in a school in the	e U.S.	Phone Number	
St 1.		did your child fir	rst learn to speak/use? Other (please specify	v)	
2.	What language through televisi	does your child on or other such	speak/use at home? Do r	not include language learned in a class or	
3.			se with your child? Other (please specify	y)	
4.	the child?		gularly present or living in Other (please specify	the home speak/use while in presence of	
(P pr	lease specify "writh ovided in this langu	ten" or "spoken". uage.)	·	er (specify)e, communication from the school will be	
Th Ed	ducation Act of 196 stablish or improve	on Program (ME 55 (ESEA). The education progra	P) is authorized by Title I I MEP provides formula gra ams for children who may	Part C of the Elementary and Secondary ants to local education agencies to qualify for the Migrant Program. Please by responding to the following questions.	
ob		or fishing related	work, including dairies, no	he last 36 months to do (to apply for or urseries, meat or vegetable processing,	
	ave your children n es No	noved with or to	join the worker above in th	he past 36 months?	
			ner of the previous two que 3114 and provide him a co	restions is Yes, please contact Mike Toole opy of this survey.	
Si	gnature of Parent	or Guardian		Date	