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, he /she is eligible for ESOL services.

Please complete one form for each child.

Student Information:	
Full Name:	Grade:
Address:	
	Date Enrolled in US:
Student Language Information: 1. What language did your child first learn to speak/use? English □ Spanish □ Other (please specify)	
2. What language does your child speak/use at home? (Do not include language learned in a class or through tele English ☐ Spanish ☐ Other (please specify) _ 3. What language do you speak/use with your child?	vision or other such programming.)
English Spanish Other (please specify)	
4. What language do the adults regularly present or living in English ☐ Spanish ☐ Other (please specify)	n the home speak/use while in presence of the child?
language.)	able, communication from the school will be provided in thisOther (please specify)
Migrant Education Program Information: The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.	
Has your family moved in the last 36 months to seek or obt work? If yes, was the move from one school district to another?	200 Specification (1997) Speci
Signature of Parent/Guardian	Date