

## Moscow USD 209 Home Language Survey

Upon enrollment, every student or parent/guardian should be given a Home Language Survey. This survey will be used to determine which students should be tested for English proficiency. **If a language other than English is marked for any of the numbers 1-4, the student must be assessed for his/her English proficiency to determine whether or not the student needs English to Speakers of Other Languages (ESOL) support services.** The assessments approved by Kansas State Department of Education to determine eligibility for ESOL services include: The Language Assessment Scales (LAS), the Idea Proficiency Test (IPT), the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA). If a student scores below proficient 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.**

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### Student Information:

Student's Name \_\_\_\_\_ Student's Grade \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Student's Address \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

On which date did your child first enroll in school in the USA? \_\_\_\_\_

### 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 most often speak/use at home?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

3. What language do you most often speak to/use with your child?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

4. What language do the adults at home most often speak/use?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### Parent/Guardian Information:

In which language do you read/write?

English \_\_\_ Spanish \_\_\_ Other (please specify) \_\_\_\_\_

In which language would you prefer to receive school notes:

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

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Signature of Parent or Guardian

Date