



HOME LANGUAGE SURVEY

New Students and
Kindergarten Students Only

Date _____ Enrollment Grade _____ Male Female

Student's Name (Last/First) _____ Date of Birth _____

Street Address _____ City _____ Zip _____

Student's Place of Birth (city, state, country) _____

Is this the students first year in Cass School District 63? No Yes

Has the student ever attended any other U.S. school? No Yes

Location _____ Date entered _____ Grade entered _____

The Illinois School Code and the Emergency Immigration Act, Title VI of the Education Amendment of 1984 (P.L. 98-511), states that each school district shall administer a home language survey to each and every student entering the district's schools for the first time. Your cooperation is needed to meet this information requirement.

What is the **primary** language of the student? (Please check only ONE box.)

- | | | |
|---|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Albanian (Macedonia) | <input type="checkbox"/> Hainanese (Chinese) | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hakka (Chinese) | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Taiwanese / Formosan |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Telugu / Telegu |
| <input type="checkbox"/> Cantonese (Chinese) | <input type="checkbox"/> Korean | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Macedonian | Other: _____ |
| <input type="checkbox"/> German | <input type="checkbox"/> Malay | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Mandarin (Chinese) | |

1. Does your child speak a language other than English? No Yes

Language _____

2. Does anyone in your home speak a language other than English? No Yes

Language _____

If the answer to either question is yes, please complete the "Language Use Survey" on the reverse side.

Signature of Parent or Guardian _____

Date _____

Office Use Only: If the answer to both questions is no, please mark the box.

English Language Proficiency Screening is not required.

Signature: _____

Date: _____

Language Use Survey

1. What language do you (parent) use most frequently when you speak to your child?

2. What language does your child use when he/she speaks to you?

3. What was the first language your child learned?

4. If this language is not English, can your child read and write in this language?

5. Which language does your child use most often when he/she speaks to his/her friends?

6. List all languages spoken and/or heard by your child

7. What was the language of instruction at the previous school?

8. Did your child receive English Language Learning Services at the previous school?

No Yes

If Yes: Number of Years _____ Date of Exit _____

9. Name and location of previous school if in Illinois _____

(Signature of parent or guardian)

(Date)

Office Use Only

If the answer to questions 1, 2, and 3 is English ONLY, English language proficiency screening is not required. If the answers to questions 1, 2, or 3 indicate a language other than English, English language proficiency may be required. Please forward copies of Home Language Survey and Language Use Survey to the Building Principal. **Original forms should remain in student's temporary record.**

Signature of Administrator _____ Date _____