INSTRUCTIONAL SERVICES **Form 6180**

Curriculum Services

ELL Student Home Language Survey

STUDENT HOME LANGUAGE SURVEY

Dear Parent/Guardian:

The _____ School District has an English Language Learner (ELL) program to help students who may not be proficient in English because of the use of another language in the home, and who thus may have a need for additional help with the classes they are taking. If your child is not proficient in English and you feel he/she may qualify for the ELL program, please complete this form and return it to your child's school. Please call the director of the ELL program at _____ if you have any questions. Thank you for your cooperation.

Student's Name: _____ Date: _____

Person Completing Survey: _____Mother _____Father _____Guardian
_____ Other (specify) _____

Circle the best answer to each question about your child and provide additional information if necessary:

1. Was the first language you learned English?	No	Yes
2. Can you speak a language other than English? (Do not count languages learned in foreign language classes.)	No	Yes
3. Is any language other than English used at home?	No	Yes
4. Which language do you use most often with friends?	English	Other: _____
5. Which language do you use most often with your parents?	English	Other: _____
6. Which language do you use most often with other relatives?	English	Other: _____
7. Have you attended school in a country other than the U.S.? (If Yes, how long and what grades?_____)	No	Yes
8. Have you attended another school in the U.S.? (If Yes, where and how long?_____)	No	Yes
9. Have you attended another school in Missouri? (If Yes, where and how long?_____)	No	Yes

10. Please provide any other related information that would help the school identify any language instruction needs for your child. _____
_____

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