

CLARK-SHAWNEE LOCAL SCHOOL DISTRICT

3680 Selma Rd.
Springfield, OH 45502

Home Language Survey

(The following information is required by the United States Department of Education)

Date \_\_\_\_\_

School Attending \_\_\_\_\_

Name of Student \_\_\_\_\_
Last Name First Name Middle Initial

FOR PARENTS/GUARDIANS:

Please answer the following questions:

What language did your son/daughter speak when s/he first learned to talk? \_\_\_\_\_
(If the answer is English you do not need to answer the remaining questions)

What language does your son/daughter use most frequently at home? \_\_\_\_\_

What language do you use most frequently when communicating with your son/daughter? \_\_\_\_\_

What language do the adults at home most often speak? \_\_\_\_\_

How long has your son/daughter attended school in the United States? \_\_\_\_\_

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FOR SCHOOL DISTRICT PERSONNEL:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS student Data Element (4.1.1.18), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication Skill

Proficiency Level

Table with 6 columns: Skill (Listening, Speaking, Reading, Writing, Comprehension\*, Composite\*\*), Proficiency Level (Pre-functional, Beginning, Intermediate, Advanced, Proficient).

\*The Comprehension level is derived from Listening and Reading

\*\*The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used: \_\_\_\_\_

Student is LEP? \_\_\_ Yes \_\_\_ No Second year as LEP status student? \_\_\_ Yes \_\_\_ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (GI230)

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? \_\_\_ Yes \_\_\_ No

Signature of person completing this form: \_\_\_\_\_ Date \_\_\_\_\_

If LEP status is Yes, send 1 copy to: \_\_\_ EMIS Coordinator \_\_\_ Curriculum Coordinator \_\_\_ Counselor \_\_\_ Student File
If LEP status is No, file in student cumulative file.