

Home Language Survey
Genoa-Kingston Community School District #424
Genoa Elementary School
2011-2012

Student

Grade

Birth Date

Male Female
(Please circle)

Dear Parent/Guardian:

In our ever-changing society, knowledge and fluency in many languages is seen as an asset in education, business and community. It is important that the educational system support the many different languages that are spoken in your homes. The Federal No Child Left Behind-Title III Act and the Illinois School Code requires that each school district administer a Home Language Survey to each and every student in the district. This form will be used to determine the need for English Language Learning Service.

*Please fill in the following blanks and/or circle the correct answer.
For questions 1-5, it does not count if the student has taken a foreign language in school.*

1) What language(s) are spoken in your home? _____

If only English, you may stop here and sign below

2) What language is spoken the most in your home? _____
(Please be specific: for example, Mandarin, not Chinese)

3) Does this student speak another language other than English? YES NO
If yes, what is the language? _____

4) The student understands which language the **MOST**? _____

5) Does the student read and/or write in the above named language? YES NO

Does the student:

Understand English? YES NO Speak English? YES NO

Read English? YES NO Write English? YES NO

Was the student ever in a bilingual or ELL/ESL program? YES NO If yes, what grade(s)? _____
Where? _____

School City State

Was the student in a bilingual or ELL/ESL program during the last school year? YES NO

Where? _____

School City State

Was the student born outside the United States? YES NO

If yes: _____
Where How long has the student lived in the United States

Parent/Guardian Signature

Date