TIME SENSITIVE MATERIAL: Please forward to ELL Liaison immediately upon receipt.

HOME LANGUAGE SURVEY ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

Always copy this form on yellow paper

Date of Survey Student #			Grade
Stud	ent Name	Date of Birth / / Month	Day Year
Parent or Guardian Name		Primary Phone	
Parent or Guardian Email Address		Alternate Phone	
ESOL Program Eligibility Questions			
1.	If the answer to one or more of the following questions (2-4) is <u>yes</u> , your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement <u>before</u> proceeding.		
2.	Is a language other than English spoken in your home?	Yes	No
	If yes, what language?		
	Who speaks this language?		
3.	Does the student have a first language <u>other</u> than English? If yes, what language?	Yes	No
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4.	Does the student most frequently speak a language other than	Yes	No
	English? If yes, what language?		
5.	When did the student first enter a U.S. school (kindergarten-12t	th grade)?/	/Year
6.	In what language do you prefer to receive school information when whether the school information when the school i	hen possible?	
Immigrant Children and Youth Program Eligibility Questions			
Immigrant children and youth: are individuals ages 3-21; were not born in any U.S. state; and have attended one or more US schools for less than 3 full academic years. The program provides educational and cultural support.			
1.	Was the student born outside of the United States? Yes	No If yes, where?	Country
2. If born outside of the U.S., how many years of school has the student <u>completed</u> in the United States?0 years1 year2 years3 or more years			
Signa	ature	Relation to student	