FILE: IGBH-AF1 Critical

## PROGRAMS FOR ENGLISH LANGUAGE LEARNERS

(Student Home Language Survey)

Student's Nam	e:		
Date:	School:		
Person Compl	eting Survey: 9 Mother 9 Father 9 Stude	ent 9 Guard	lian
9 Other (speci	fy):		
Circle the besinformation:	st answer to each question as it pertains	to the stuc	lent and provide additional
<ol> <li>Can you speal</li> <li>Is any langua</li> <li>Which langua</li> <li>Which langua</li> <li>Which langua</li> </ol>	language you learned English? k a language other than English? ge other than English used at home? uge do you use most often with friends? uge do you use most often with parents? uge do you use most often with other relatives?	No No No English English English	Yes Yes Yes Other: Other:
7. Have you atte	ended school in a country other than the U.S.?	No	Yes (How long/what grades)
8. Have you atte	ended another school in the United States?	No	Yes (Where and How Long)
9. Have you attended another school in Missouri?		No	Yes (Where and How Long)
	de any other related information that would help n programs in prior schools, etc.):	o the school (f	or example, referral to gifted or

For Office Use Only: IGBH-AF1.1A (7/02)

<sup>8 2002,</sup> Missouri School Boards' Association, Registered in U.S. Copyright Office

## FILE: IGBH-AF1 Critical

**Note to school Staff**: This form should be given to all new and enrolling students. Any student who indicates the use of a language other than English should be assessed as to English proficiency. Elaboration on any of the above answers may be useful before administering detailed tests.

Adapted from the *Assessment of Language Minority Students: A Handbook for Educators*. Illinois Resource Center, 1985.

\* \* \* \* \* \*

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 09-12-2002

Revised: 01-14-2008

Tri-County RVII School District; Jamesport MO