

McDonald Local Schools Home Language Survey	Date: _____	
	School: _____	Grade: _____

SECTION A: STUDENT INFORMATION: To be completed by Parent/Guardian

Student Last Name:	First Name:	Middle Name:
Date of Birth: _____		
Place of Birth: City:	State:	Country:
Father/Guardian Last Name:	First Name:	
Mother/Guardian Last Name:	First Name:	
Home Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
What language did your child speak when he/she first learned to talk?		
What language does your child use the most at home?		
What language do you use most often to speak to your child?		
What language do the adults at home most often speak?		
What date did your son/daughter enter the U.S. schools? Month _____ Date _____ Year _____		

PARENTS/GUARDIANS

All students whose native or home language is other than English, are required to take an English competency test. Students who are not fully proficient are eligible for additional help with acquiring the English skills one needs to become successful in school. Our district has a program designed to provide assistance for these students. The results of the English skill evaluation test your child will take, if his or her native or home language is other than English, will be sent to your home within thirty days. Please indicate below if you would like to discuss the test or the program with someone from the district before the test is given.

No, I don't wish to discuss the test, or program before the test is given to my child _____

Yes, I would like to discuss the test, or program before the test is given to my child _____

SECTIONS B ACTION TO BE TAKEN BY THE DISTRICT If the answer to any of the first four questions above is language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21), and proceed to assess the student's English language proficiency. Send a copy of this form along with the LEP Assessment Notification Request to the Language Assessment Office.

Date Received by Language Assessment Office: _____	Student ID: _____
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