



Student's Name: _____
(First) (Middle I.) (Last Name)

Country of Birth: _____ Date of Birth _____

Home Language Survey

1. What language(s) did **your child** use when he/she began to talk? _____
 All of the time Most of the time Some of the time
2. What language(s) does **your child** speak with you at home? _____
 All of the time Most of the time Some of the time
3. What language(s) do **you** use when you speak to your child? _____
 All of the time Most of the time Some of the time
4. Does your child **read** in... Yes No **English** AND/OR **Another language** Yes No
5. Does your child **write** in... Yes No **English** AND/OR **Another language** Yes No
6. Has your child received formal schooling prior to enrolling in District 6? Yes No
7. Has your child attended public school in the state of Colorado? Yes No U.S.A.? Yes No
 If "Yes", how many years has your child attended school in Colorado/U.S.A.? _____
 What grade(s) _____

Parent's (Guardian's) Signature _____ Date _____
Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Thank you for providing this important information.

For School Use Only

1. Language Placement Assessment:
 Assessment _____ Date Administered _____ Placement Score/Level _____
 Speaking _____ Listening _____
 Reading _____ Writing _____
2. Additional Assessment:
 Literacy Assessments (name and result) _____
 Observation /Discussion with (teacher/counselor/parents/student) _____
 Native language/prior schooling analysis _____
 Other (name and result) _____

3. Recommendation
After language and academic assessment review, and further observation, this student's participation in the ELD program is: Recommended Not Recommended Parent Refusal
Because of the following: _____

ELA Teacher Signature _____ Date _____
School: _____ Id#: _____ Year: _____
Grade: _____ Teacher: _____