

## Lancaster City Schools Home Language Survey

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
First Name
Middle
Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
First Name
Middle
Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please answer the following questions:**

1. What language did your son/daughter speak when he/she first learned to talk? \_\_\_\_\_
2. What language does your son/daughter use most often at home? \_\_\_\_\_
3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

*Note to registrar:* Please place the white copy (for documentation purposes only) in the permanent folder. **If a language other than English is marked in questions 1 through 4, a copy must be sent immediately to the Instructional Services Department. You will receive a completed copy after assessment to place in the student's permanent folder.**

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**For School Purposes Only**

If the answer to any of the first four questions above is a language other than English, the ESL teacher will complete the areas below and send this completed form to Instructional Services. Data Processing will input the student's native/home language in EMIS.

**English Language Assessment**

Listening:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

Assessment instrument(s) used:-

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If the student recently arrived in U.S. schools, is the student eligible for a temporary one-year exemption from taking the state's English language arts (reading and/or writing) assessment(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Limited English Proficiency (LEP) Status Element**

**Assessor: Please indicate option below.**

\_\_\_\_\_ **N = No** – The student is not Limited English Proficient

\_\_\_\_\_ **Y = Yes** – Limited English Proficient student who has been enrolled in U.S. schools for more than 180 school days OR previously exempted from taking the spring administration of either of the state's English language arts assessments (reading or writing).

\_\_\_\_\_ **L = LEP – Enrolled in U.S. Schools for First Time.** A recently arrived Limited English proficient student who has been enrolled in U.S. schools for no more than 180 school days **AND not** previously exempted from taking the spring administration of either of the state's English language arts assessments (reading or writing).

\_\_\_\_\_ **M = LEP Trial-Mainstream** – A student considered to be in a Trial-Mainstream period. A student remains in the Trial-Mainstream period until he/she is reclassified from LEP.

# ENCUESTA DEL IDIOMA DEL HOGAR

Fecha: \_\_\_\_\_ Escuela: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_  
Apellido Paterno                      Primer Nombre                      Segundo Nombre

Fecha de Nacimiento: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grado: \_\_\_\_\_ Sexo: M \_\_\_\_\_ F \_\_\_\_\_  
Mes                      Dia                      Año

Lugar de Nacimiento: \_\_\_\_\_  
Ciudad                      Estado                      Pais

Nombre del Padre o Tutor: \_\_\_\_\_  
Appellidos                      Primer Nombre

Calle y Número: \_\_\_\_\_ Apartamento: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Telefono de la Casa: \_\_\_\_\_ Telefono del Trabajo: \_\_\_\_\_

Para los Padres/Tutores: Favor de contestar todas las siguientes preguntas:

1. ¿Cuál idioma aprendió primero su hijo/a cuando empezó a hablar? \_\_\_\_\_
2. ¿Cuál idioma habla más a menudo su hijo/a? \_\_\_\_\_
3. ¿Cuál idioma habla Ud. más a menudo con su hijo/a? \_\_\_\_\_
4. ¿Cuál idioma hablan más a menudo los adultos en la casa? \_\_\_\_\_
5. ¿Por cuánto tiempo ha asistido su hijo/a a una escuela en los EE.UU.? Años: \_\_\_\_\_ Meses: \_\_\_\_\_
6. ¿Cuándo inscribió para primera vez su hijo/a a una escuela en los EE.UU.? Año: \_\_\_\_\_ Grado: \_\_\_\_\_

## Para los empleados de la escuela unicamente:

If the answer to any of the first four questions above is a language other than English, the ESL teacher will complete the areas below and send this completed form to Instructional Services. Data Processing will input the student's native/home language in EMIS.

### English Language Assessment

Listening:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

Assessment instrument(s) used:-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the student recently arrived in U.S. schools, is the student eligible for a temporary one-year exemption from taking the state's English language arts (reading and/or writing) assessment(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Limited English Proficiency (LEP) Status Element

Assessor: Please indicate option below.

\_\_\_\_\_ **N = No** – The student is not Limited English Proficient

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