

Alachua County Public Schools
Home Language Survey

Student Name: _____ Today's Date: _____
Last First MI

Student's Birthplace: _____ Birth Date: _____
City State Country

Sex: Male Female

What was the date your child first enrolled in U.S. schools? (not including preschool) _____

Yes	No	<ol style="list-style-type: none"> 1. Is a language other than English used in the home? If yes, what language? _____ 2. Did the student have a first language other than English? If yes, what language? _____ 3. Does the student most frequently speak a language other than English? <hr style="border-top: 1px dashed black;"/> <ol style="list-style-type: none"> 4. Was your child born in a country other than the United States (U.S.) or U.S. Territory? 5. If Yes, when did your child first enter the U.S.? _____
------------	-----------	--

Racial/Ethnic Code
(Check One)

White

Black

Hispanic

Asian

Amer Ind/Alaskan Native

Multi-racial

I hereby verify that the above information is true and correct to the best of my knowledge.

_____ _____ _____
Name (printed) Signature--Parent/Guardian Date

OFFICE USE ONLY

For all students with a "yes" response for questions 1, 2, and 3 only, complete the testing information below.

Student ID #: _____ School of Zone: _____

Grade _____ for School Year: 20 _____

Date Tested: _____ Tested by: _____ IPT Score: _____

Aural/Oral Test Name: _____

Achievement Test Name*: _____ Date: _____ Reading %ile: _____ Language %ile: _____

Eligible for ESOL Student will be attending _____

Not Eligible for ESOL LEP Committee (form attached)

*For 3 – 12 students who scored above the cut-on the aural/oral test

*All grade placements are made by the school principal / designee of the school where the student will be in attendance.