

HOME LANGUAGE QUESTIONNAIRE

Student Name:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Student's Date of Arrival in the US: Born Here
Date of Arrival Country of Birth

Number of years enrolled in school outside the US:

Has the student attended school in the United States for three or more years? Yes No

What languages are spoken in the student's home? English Other _____
Specify

What languages are spoken most of the time in to the student in the home? English Other _____
Specify

What languages does the student understand? English Other _____
Specify

What languages does the student speak? English Other _____
Specify

What languages does the student read? English Other _____
Specify

What languages does the student write? English Other _____
Specify

In your opinion, how well does the student understand, speak, read and write English?

	Very Well	Only A Little Bit	Not At All
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY		
School:	<input type="checkbox"/> MA <input type="checkbox"/> MT <input type="checkbox"/> GC <input type="checkbox"/> WR <input type="checkbox"/> MS <input type="checkbox"/> HS	Student ID# <input type="text"/>
Determination:	<input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient	Date <input type="text"/>
Name/Position of school personnel completing this section: _____		

