

Glenview School District 34
1401 Greenwood Road
Glenview, Illinois 60026
(847) 998-5000

OFFICE USE ONLY
Entry/Exit Date _____/_____
Grade/Teacher _____
Student ID _____

Home Language Survey

Please complete and return this survey with the registration materials.

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Student's Name: _____ **Birthdate:** _____

*****If the answer to either question 1 or 2 is yes, the law requires the school to test your child's English language proficiency.*****

1. Is a language other than English spoken in your home? ***
Yes _____ (will be tested) Language: _____
No _____ (will not be tested)
2. Does your child speak a language other than English? ***
Yes _____ (will be tested) Language: _____
No _____ (will not be tested)
3. Has your child received ELL (English language instruction) or Bilingual Services?
Yes _____ No _____ If Yes, Name of School/District? _____
4. Place of birth (city, state): _____
*** If not born in the U.S., what year did child enter U.S.? _____
5. Are you in need of interpreting services?
Yes _____ No _____ If Yes, in what language? _____
6. Do you want to receive communication from the school district in your home language?
Yes _____ No _____ If Yes, in what language? _____

Parent/Legal Guardian Signature

Date