

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