

**School District of Janesville**  
**The Wisconsin Home Language Survey**

This survey is required to be completed for every student enrolling in the School District of Janesville, regardless of race, ethnicity, country of origin, or any other demographic factor, including special education status. The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. English language proficiency (ELP) testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

**Student Information**

Last Name:		First Name:		Middle Initial:
DOB:	Grade:	Assigned School:		District ID:
Languages other than English used by student, if identified:				

**Parent/Guardian Information**

First Name	Last Name	Relationship to Student

**Parental Preference For Languages Used For School Communications (May Be Multiple):**

Parent Name	Preferred Oral Language(s)	Preferred Written Language(s)

**Parent/Guardian Signature(s)**

Parent/Guardian Signature: X
Parent/Guardian Signature: X

**1. Was the first language used by this student English?**

- \_\_\_ Yes: Go to Question 2  
 \_\_\_ No: Go to Question 3

**2. When at home, does this student hear or use a language other than English more than half of the time?**

- \_\_\_ Yes: Go to Question 4  
 \_\_\_ No: Student is not eligible for ELP Screening. HLS is complete.

**3. When at home, does this student hear or use a language other than English more than half of the time?**


- \_\_\_ Yes: HLS is complete. Staff: Record other language(s). Administer ELP screener.  
 \_\_\_ No: Go to Question 4


**NSEO/EL/Admin Staff Use Only: Circle One: Screen/Do Not Screen Signature:**

**Date:**


Result=Screen, NSEO provides copy of HLS to EL Secretary AND Building Secretary provides copy to EL Teacher


4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

\_\_\_ Yes:  HLS is complete. Staff: Record other language(s). Administer ELP screener. \_\_\_ No:


 Go to Question 5


5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

\_\_\_ Yes:  HLS is complete. Staff: Record other language(s). Administer ELP screener.


\_\_\_ No:  Go to Question 6


6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

\_\_\_ Yes:  HLS is complete. Staff: Record other language(s). Administer ELP screener.


\_\_\_ No:  Go to Question 7


7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

\_\_\_ Yes:  Go to Question 8

\_\_\_ No:  Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

\_\_\_ Yes:  HLS is complete. Staff: Record other language(s). Administer ELP screener.

\_\_\_ No:  Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?



\_\_\_ Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook.



\_\_\_ No: Student is not eligible for ELP Screening. HLS is complete.

. **NSEO/EL/Admin Staff Use Only: Circle One:** Screen/Do Not Screen **Signature:**

**Date:** If

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