



Home Language Survey

School _____

Signature of school personnel assisting with this form _____

School personnel, please mark one:

___ This is the student's first enrollment in an Indiana school. **This is the student's ORIGINAL HLS.**
If the student has previously attended a school in Indiana, this form becomes a referral to seek more information and assess if necessary but is not considered the original Indiana HLS.

___ The student has attended FWCS in the past.

___ The student has attended another Indiana school.

→ **If so, contact the previous school to obtain a copy of the original HLS and send, fax (7-1193) or email (ELLHLS@fwcs.k12.in.us) to the ELL Department when obtained.**

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions 1-3 below, the WIDA Screener assessment will be administered to determine whether or not the student will qualify for additional English language development support.

Student's Name: First _____ Middle _____ Last _____

Date of Birth ____/____/____ Age _____ Grade _____ Gender: male female
Month Day Year

Phone Number _____

Grade completion in U.S.: (circle all that apply) PK K 1 2 3 4 5 6 7 8 9 10 11 12

Grades attended outside the U.S.: (circle all that apply) PK K 1 2 3 4 5 6 7 8 9 10 11 12

First entry to a U.S. school: Grade _____ Date: ____/____/____
Month Day Year

Send, fax (7-1193) or email (ELLHLS@fwcs.k12.in.us) a copy to the ELL office if any answers are marked in the box below.

- | | | |
|--|--|--|
| 1. What is the native language of the student ? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ |
| 2. What language(s) is spoken most often by the student ? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ |
| 3. What language(s) is spoken by the student in the home? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ |
| 4. In what language would the parents/guardians prefer to receive communication from Fort Wayne Community Schools when possible? | <input type="checkbox"/> English | <input type="checkbox"/> Other _____ |
| 5. In what country was the student born? | <input type="checkbox"/> United States | <input type="checkbox"/> Other _____ |
| | If other, date of arrival to the U.S.: | ____/____/____
Month Day Year |
| 6. Is the student a refugee? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, A# _____ |
| → If yes, school personnel should make a copy of both sides of the I-94 form. | | |

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date: _____

By signing here, you certify that responses to questions 1-3 above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.