

Madison County Schools  
HOME LANGUAGE SURVEY

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

*First*                      *Middle*                      *Last*

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

What is the dominant language **most often** spoken by the student? \_\_\_\_\_

What is the language **routinely** spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_

What language was **first** learned by the student? \_\_\_\_\_

**If a language other than English is indicated, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English Language development program. You will be notified about the results of this testing and have the option to accept or refuse services. Refusing English Language services does not exempt a student from mandatory yearly English proficiency testing.**

Does the parent/guardian need interpretation services? \_\_\_\_ Yes \_\_\_\_ No

Does the parent/guardian need translated materials? \_\_\_\_ Yes \_\_\_\_ No

If so, what language? \_\_\_\_\_

What was the date the student first enrolled in a school in the United States? \_\_\_\_\_

In what country was the student first born? \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

Designated English Learner on the ELPA21 Screener      Student ID #: \_\_\_\_\_

<b>DOCUMENTATION OF ELPA21 SCREENER</b>					
Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score

Board Approved: March 3, 2025