



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

To be completed by school district.

Designated English Learner on the ELPA21 Screener Student ID #: _____

DOCUMENTATION OF ELPA21 SCREENER

Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score