

PINELLAS COUNTY SCHOOLS
HOME LANGUAGE SURVEY

ADMINISTER TO EACH NEW STUDENT ENROLLING IN A FLORIDA PUBLIC SCHOOL FOR THE FIRST TIME

Student's Last Name _____ Student's First Name _____
Address _____ City _____ Zip Code _____ Phone Number _____
Date Entered U.S. Schools _____ School: _____ Current Grade _____
Date of Birth _____ Country of Birth _____ Email Address _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- a. Is a language **other than English** spoken at home? Yes ___ No ___ What language? _____
b. Did the student have a first language **other than English**? Yes ___ No ___ What language? _____
c. Does the student most frequently speak a language **other than English**? Yes ___ No ___ What language? _____

ANY "YES" ANSWERS WILL RESULT IN TESTING TO DETERMINE ELIGIBILITY FOR ESOL SERVICES. BECAUSE OF THE LARGE NUMBER OF STUDENTS TO BE TESTED, THERE MAY BE A DELAY IN TESTING OF UP TO 4 WEEKS. CLASSROOM TEACHERS WILL ADJUST THEIR INSTRUCTION TO MEET THE ELL STUDENT'S NEEDS. EVEN IF YOUR CHILD IS IDENTIFIED AS AN EL, YOU MAY DECLINE THE PLACEMENT INTO ESOL CLASSES.

Parent/ Guardian Signature

Date

SCHOOL USE ONLY

If answers to above questions are all **NO**: file Home Language Survey in cum folder

Any **YES** responses, **Pre-K**: Code LY basis of entry T on EL Tab in Fous; enter Classification Date (HLS date) and Entry Date (1st day of Pre-K)

Any **Yes** responses, **K-12**: Code LP basis of entry T on EL Tab in Focus. Give HLS to ESOL Teacher or send to ESOL Office for testing

ESOL USE ONLY

Is this a Foreign Exchange Student? If YES, do not test!

Language Learner (EL): Yes No ELL Status: LY LF TZ

Basis of Entry: A R L T Basis of Exit: H I J L

Classification Date _____ Entry Date _____ Exit Date _____

Native Language _____ Tester _____

Comments: _____

TEST NAME	TEST DATE	Title	Achievement Level (AL)	Composite – Proficiency (Local) (CPL)
WIDA Screener		Listening		
Other		Speaking		
		Reading		
		Writing		
		Comprehensive/ Total		