



13780 Hope Street  
P.O. Box 1830  
Brookfield, WI 53008-1830

## HOME LANGUAGE SURVEY

Please complete this form. We are required to survey all students. The purpose of this Home Language survey is to ensure that no child in the United States is denied an opportunity to be successful in school due to limited English proficiency.

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Present Grade \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

If birthplace is other than the United States, please list student's date of entry into the U.S. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

Please check (✓) the correct boxes:

	English	Other	If other, please list
1. What language did the child learn when she or he first began to talk?	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Languages Spoken at Home:</b>			
2. What language do the parents speak with other adults in the home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. What language does the child speak to her/his parent(s) most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. What language does the child speak to her/his friends outside of school?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Does an adult in the home speak English? ____ YES ____ NO			Read English? ____ YES ____ NO

### English Language (ESL) Support:

7. Was the child ever enrolled in an English Language Program (ESL)?  
If YES, SCHOOL NAME \_\_\_\_\_ or \_\_\_\_ NO
8. Was the child exited from an English Language Program?  
If YES, WHEN \_\_\_\_\_ or \_\_\_\_ NO
9. Do you think the child will benefit from an English Language Program (ESL)? \_\_\_\_ YES \_\_\_\_ NO

SIGNATURE		
Signature of Person Completing Survey	Relationship to Student	Date Signed

### School District Use Only:

ELP: \_\_\_\_\_ Language: \_\_\_\_\_ Program Type: \_\_\_\_\_  
Support Delivery Model: \_\_\_\_\_

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Educational Services