

**USD #101 HOME LANGUAGE SURVEY**

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

**Student Information:**

Name	Grade
Address	Date of Birth
Date first enrolled in a school in the U.S.	Phone Number

**Student Language Information:**

1. What language did your child first learn to speak/use?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_
2. What language does your child speak/use at home? Do not include language learned in a class or through television or other such programming.  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_
3. What language do you speak/use with your child?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_
4. What language do the adults regularly present or living in the home speak/use while in presence of the child?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Parent/Guardian Information:**

Which language do you prefer? English \_\_\_ Spanish \_\_\_ Other (specify) \_\_\_\_\_  
(Please specify "written" or "spoken". To the extent practicable, communication from the school will be provided in this language.)

**Migrant Education Program Information:**

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have your children moved with or to join the worker above in the past 36 months? Yes \_\_\_\_\_ No \_\_\_\_\_

**For the School:** If the answer to either of the previous two questions is Yes, please contact Alejandro Cabero at [alejandrocabero@eudoraschools.org](mailto:alejandrocabero@eudoraschools.org) or 785-542-4904 ext. 1504 and provide him a copy of this survey.

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Signature of Parent or Guardian

Date