

Alachua County Public Schools
Home Language Survey

The State of Florida requires identification of language minority students by dominant language group. All students and/or parents/guardians must complete this survey prior to beginning the school registration process.

| | | | | | |
|---|--------------------------|---|--|------------------------|---------------------------|
| Student's Name: _____ | | | Today's Date: _____ | | |
| Last | First | Middle | | | |
| Student's Birth Place: _____ | | | Birth Date: _____ | | |
| City | State | Country | Mo/Day/Yr | | |
| Student ID #: _____ | | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| School of Zone: _____ | | Anticipated Grade _____ | | for School Year: _____ | |
| YES | NO | <u>Racial/Ethnic Code</u> (Circle One) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is a language other than English used in the home? If yes, what language? _____ | | W | - White |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did the student have a first language other than English? If yes, what language? _____ | | B | - Black |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the student most frequently speak a language other than English? | | H | - Hispanic |
| | | | | A | - Asian/Pacific Islander |
| | | | | I | - Amer Ind/Alaskan Native |
| | | | | M | - Multiracial |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Was your child born in a country other than the United States (U.S.) or U.S. territory? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If Yes, when did your child first enter the U.S.? _____ | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. If your child was born in another country, what was the date your child first enrolled in U.S. schools? (not including preschool) _____ | | | |
| <i>I hereby verify that the above information is true and correct to the best of my knowledge.</i> | | | | | |
| _____ | | _____ | | _____ | |
| <i>Name (printed)</i> | | <i>Signature – Parent/Guardian</i> | | <i>Date</i> | |
| *All grade placements are made by the school principal or designee of the school where the student will be in attendance. | | | | | |

OFFICE USE ONLY

For all students with a "yes" response for questions **1, 2, and 3 only**, complete the testing information in the box:

| | | | | | |
|---|--|--|--|--|--|
| Date tested: _____ | | Tested by: _____ | | IPT Score: _____ | |
| Aural/Oral Test Name: _____ | | | | | |
| Achievement Test Name*: _____ | | Date: _____ | | Reading %ile: _____ Language %ile: _____ | |
| _____ Eligible for ESOL | | _____ School student will be attending | | | |
| _____ Not Eligible for ESOL | | _____ LEP Committee (form attached) | | | |
| *For 3-12 students who scored above the cut-off on the aural/oral test. | | | | | |