

For ESL Use Only

ESL Test Date _____
ESL Evaluator _____
ESL Level _____

School District of River Falls
Administrative Offices 852 E. Division
River Falls, WI 54022
715/425-1800-Fax 715/425-1804

Designated Staff:

Initial in box after reviewing form for check marks in any of the first seven questions.

HOME LANGUAGE SURVEY

TO BE COMPLETED FOR ALL NEW STUDENTS

The completion of a HomeLanguage Survey is a requirement under WI Statutes PI 13 for all districts in the state of Wisconsin. Your cooperation in providing the following information is appreciated.

Student's Name:		Date of Birth:	Grade/School Location:
Address:		Work Phone Number:	Home Phone Number:
Relationship of Person Completing Survey <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify _____			

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

	ENGLISH	OTHER	NAME OF LANGUAGE
1. What language did the student <i>learn when he or she first began to talk?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. What language does the family speak at home <i>most of the time?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. What language(s) does the student <i>hear and understand in the home?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. What language does the parent(s) speak to her/his child <i>most of the time?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. What language does the student speak to his/her parents <i>most of the time?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. What language does the student speak to his/her friends <i>most of the time?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. What language does the student speak to his/her brothers and sisters <i>most of the time?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Other?
8. Can an adult family member or extended family member <u>speak</u> English?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Can an adult family member or extended family member <u>read</u> English?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Do the parents/guardians request oral and/or written communication from the school to be in English ?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If no, in what language? _____

Name of Person Completing Survey: _____ Date Signed: _____

(PLEASE PRINT CLEARLY)

ATTENTION SCHOOL PERSONNEL

The designated school staff person (at each school) responsible for routing this form will note if there are **other languages** marked on lines one through seven. The designated school staff person will then initial the box on the top right hand side of each survey. If **any** of the questions one through seven indicate another language is spoken, make a **copy** of the original form and forward to the ESL office located at Meyer Middle School. The **original** document will then be placed in the student's Cumulative file. The ESL staff will then follow up with the appropriate state of Wisconsin procedures. ESL staff will also assist with the routing process and with Kindergarten Registration process.