

DOVER PUBLIC SCHOOLS

HOME LANGUAGE SURVEY

School: _____ District: _____ Date: _____

Student Information			
First Name:	Last Name	Date of Birth	Gender __female __male
Country of Birth	Date of entry in US	Date first enrolled in a US School Month year	Current grade

Family Information	
Name of parent/legal guardian	Phone number
Address	__ Please translate school notices Language: _____

Questions for Parent/Guardian	Response
Please list all languages spoken in your home	
Which language did your child first hear or speak?	
If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.	
Which language(s) do you speak to your child?	
Which language(s) does your child speak at home with adults?	
Which language(s) does your child speak at home with other children?	
Number of years of school outside the U.S.	

For parents and guardians: If a language other than English is listed above, and ESOL teacher will test your child to find out if he or she can speak, understand, read and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

Instructions for survey administrator:

Please provide an interpreter when necessary.

If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: _____

File original Home Language Survey in student's cumulative folder