



Home Language Survey

(Requirement per Section 228.15 of Title 23 of Illinois Administrative Code :
Identification of Eligible Students)

Today's Date _____ Home School _____ Grade _____

Office Use: District ID# _____ State ID# _____
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Student's Name (last, first, middle) _____

Address _____

Telephone _____ Date of Birth _____ Male ____ Female ____

Student's Place of Birth (state, country) _____

Mother's Place of Birth _____ Father's Place of Birth _____

Mother's Native Language _____ Father's Native Language _____

Is a language other than English spoken in the home? YES NO	Which?
Does your child speak a language other than English? YES NO	Which?

School History

<u>Grade</u>	<u>School Name</u>	<u>Language of Instruction</u>	<u>Special Services</u>
PreK	_____	_____	_____
K	_____	_____	_____
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

*The information above will be used to determine your child's eligibility to English as a Second Language Services.
The results will be communicated and you will have the option to accept or refuse services.*

Parent or Guardian Signature

Relationship to Student

Date

Office Use: Home Language _____ (Home Language to be written in by ELL teacher)
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