

Alachua County Public Schools
Home Language Survey

Student Name: _____		Today's Date: _____
<i>Last</i>	<i>First</i>	<i>MI</i>
Student Birthplace: _____		Birth Date: _____
<i>City</i>	<i>State</i>	<i>Country</i>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
What was the date your child first enrolled in U.S. schools? (not including preschool): _____		
What was the date your child first enrolled in a Florida school? (not including preschool): _____		
Yes	No	
1. <input type="checkbox"/>	<input type="checkbox"/>	Is a language other than English used in the home? If yes, what language: _____
2. <input type="checkbox"/>	<input type="checkbox"/>	Did the student have a first language other than English? If yes, what language: _____
3. <input type="checkbox"/>	<input type="checkbox"/>	Does the student most frequently speak a language other than English?
		Racial/Ethnic Code (check one)
		<input type="checkbox"/> White
		<input type="checkbox"/> Black
		<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Asian
		<input type="checkbox"/> Amer. Ind/Alaskan Native
		<input type="checkbox"/> Multiracial
4. <input type="checkbox"/>	<input type="checkbox"/>	Was your child born in a country other than the United States (U.S.) or U.S. Territory?
5. If yes, when did your child first enter the U.S.? _____		
<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>

OFFICE USE ONLY

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

Person I.D.: _____	School Zone: _____
Grade: _____ for school year 20____	
Date Tested: _____	Tested By: _____ IPT Score: _____
Aural/Oral Test Name: _____	
Achievement Test Name*: _____	Date: _____ Reading %ile: _____ Language %ile: _____
<input type="checkbox"/> Eligible for ESOL	School Student will be attending: _____
<input type="checkbox"/> Not Eligible for ESOL	<input type="checkbox"/> LEP Committee (form attached)
* For grades 3 - 12 students who scored above the cut-on the aural/oral test	
** All grade placements are made by the school principal or designee of the school where the student will be in attendance.	