Ypsilanti Community Schools

HOME LANGUAGE SURVEY
(For students new to the district)

NAME OF STUDENT _____ GRADE _____

AGE _____ SCHOOL BUILDING _____

In order to determine those students who are potentially eligible for additional instruction in English as a Second Language, we request the following information:

1. City and country of birth _____

2. Is English the first language that the student learned to speak? YES NO

   If NO, what is the first language the student learned to speak? _____

3. Is English regularly (most of the time) spoken in the home? YES NO

   If NO, what is the language regularly spoken in the home? _____

4. Is this the first time your child has enrolled in a school in the United States? YES NO

   If NO, when did your child first enroll in a school in the United States? Month _____ Year _____

5. What is the student's English language proficiency? (give your opinion.)
Check all that apply:

_____ Speaks no English	_____ reads no English
_____ Speaks limited English	_____ reaads limited English
_____ Speaks English well	_____ reads English well

_____ writes no English
_____ writes limited English
_____ writes English well

6. Do you consider yourself a refugee? YES NO

   If YES, from what country?_____

_____ _____
Parent/ Guardian's Name Parent/ Guardian's Signature

_____ _____ _____
Date Home Address Telephone Number