



2018/2019

HOME LANGUAGE SURVEY

School Use Only		
BLACK ROCK ELEMENTARY SCHOOL		
Student ID	Grade	Date Enrolled

SCHOOLS: Please send FULLY completed original form to the ELA Office if a language other than English is indicated. File copy in student cum. folder.

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. If appropriate a valid English language proficiency assessment will be administered within 30 days to determine the most appropriate Language Instructional Educational Program (LIEP) for your child.

Student First Last Name	Student Second Last Name	Student First Name	Student Middle Name
Student Country of Birth:		Student Date of Birth: / /	
Did your child attend school in another country?		Yes _____ No _____	
_____ Which country?	_____ How many years?	_____ Language(s) of instruction	
Has your child previously attended St. Vrain Valley School District?		Yes _____ No _____	
_____ Which pre school?	_____ Which school(s)?	_____ Language(s) of instruction	

1. What is the primary language of the home? _____
2. What language(s) did your child use when he/she first began to talk? _____
3. What language(s) does your child speak at home? _____
4. In what language(s) does your child read and write? read write

5. What language(s) do adults in home use when they speak to your child? _____

_____ parent/guardian signature

School Use Only					
Parents have been informed of the option for Bilingual or ESL programming for Spanish speaking students					
	school initials			Bilingual	ESL