



Elementary School Use Only		
Choose an item.		
Student ID	Grade	Date Enrolled

Home Language Survey

SCHOOLS: If a language other than English is indicated, please send FULLY completed original form to the ELA office. 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 of registration to determine the most appropriate Language Instructional Educational Program (LIEP) for you child

Student 1 st Last Name	Student 2 nd 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. Do ***adults in your home*** (parents, guardians, grandparents or any other adult) ***speak to each other regularly in a language that is not English?*** YES _____ NO _____
- If ***YES***, What language or languages? _____
- Does ***the student understand*** the conversations? YES _____ NO _____
- Does ***the student participate*** in the conversation even if he/she might use English? YES _____ NO _____

Parent/Guardian signature

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