

DOLTON SCHOOL DISTRICT 148 HOME LANGUAGE SURVEY

Our school needs to know the language spoken and heard at the home of every child. This information is mandated by the State of Illinois to provide the best instruction for all students in the school. Please complete the survey, knowing that your child may qualify for assessment based on Illinois guidelines. Thank you.

Date: _____

School: _____

Name of Student: _____
Last
First
Middle

Date of Student: _____ Country of Birth: _____
Month
Day
Year

Date and grade your child enrolled in the United States School System Date: _____ Grade: _____

Signature of Parent or Guardian: _____ Home Phone: _____
Cell Phone: _____

1. Is a language other than English spoken in the home?	[] Yes - Continue Survey [] No - Sign & Return
1a. If yes, what language?	
2. Does your child speak a language other than English?	[] Yes [] No
2a. If yes, what language?	

FOR OFFICE USE ONLY			
Language Code: _____			
Language Proficiency Designation:	English Only _____ Date	FEP _____ Date	ELL _____ Date
WAPT Date:	Tier		