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: _____Grade_____

Name of Student: _____
First Middle Last

Address_____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ 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: _____

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** _____ **FEP** _____ **ELL** _____
Date **Date** **Date**

WAPT Date: _____ **Tier** _____

H-13 / R-28