

# 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?	<input type="checkbox"/> Yes - Continue Survey <input type="checkbox"/> No - Sign & Return
1a. If yes, what language?	
2. Does your child speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If yes, what language?	

<b>FOR OFFICE USE ONLY</b>			
Language Code: _____			
Language Proficiency Designation:	English Only _____ <span style="margin-left: 40px;">Date</span>	FEP _____ <span style="margin-left: 40px;">Date</span>	ELL _____ <span style="margin-left: 40px;">Date</span>
WAPT Date:	Tier		