

FOR OFFICE USE ONLY:
Original – Permanent Record – filed on _____
Copy – ESOL Teacher –sent on _____
Copy -District Office/Attn: Instruction –sent on _____

Spartanburg District Two Schools
HOME LANGUAGE SURVEY

School: _____

Student Name: _____

Student Age: _____ Grade: _____

Date of Birth: _____

Parent Name(s): _____

What is the first language the student learned to speak? _____

What language does the student speak most often? _____

What language is most often spoken in the student's home? _____

In what language does the student read? _____

In what language does the student's parent(s) read? _____

Date entered U.S. Schools: _____

Birth Country: _____

Parent signature(s) _____ Date _____

DO NOT REMOVE FROM PERMANENT RECORDS

Note to Parent/Guardian:

The ESOL instructor will test all children for whom English is not their first language. This will be done to determine the English proficiency of each student. Based on the results of these tests, information gained from this survey and past teacher's recommendations when applicable, recommendations will be made concerning ESOL classes. The results of the tests along with the recommendations for each individual student will be sent to the parent/guardian of the student.