SPARTANBURG COUNTY SCHOOL DISTRICT TWO

Home Language Survey

(Type School Name Here) School Year 2010-2011

FOR OFFICE USE ONLY:

Filed in Original Permanent Record Date filed: _____

Copy to ESOL Teacher Date: _____

Copy to District Office/Attn: Instruction Date Sent: _____

Today's Date: _____ Grade Level Entering: _____

Please complete this form to the best of your knowledge. This information will be used for your student's school record.

Student's Full Name: _____
(Last) (First) (Middle) (Suffix)

Student Age: _____ Student Birth Date: _____

FAMILY/STUDENT INFORMATION		
Parent/Guardian Names	(1)	(2)
Guardian Relation	(1)	(2)
First language student learned to speak		
What language does the student speak most often?		
What language is most often spoken in the student's home?		
What language(s) does the student read?		
What language(s) does the parent/guardian read?		
Date student entered U. S. Schools		
Student's Birth Country		
Last School Student Attended (School Name)		
Last School Student Attended City/State/Country		

_____
Parent/Guardian Signature

THIS FORM MUST REMAIN IN THE STUDENT'S PERMANENT RECORD

Note to Parent/Guardian: The ESOL instructor will test all students for whom English is not their first language. This test determines the English proficiency level of each student. Information gained from this assessment and past teacher recommendations when applicable, will be used for recommendations for ESOL classes. The parent/guardian of the student will receive the results of the test as well as the ESOL class recommendation.