

# Imagine Great Western Academy HOME LANGUAGE SURVEY

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name
First Name
Middle Name

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Month
Day
Year

Birthplace: \_\_\_\_\_  
City
State
Country

Name of Parent/Guardian: \_\_\_\_\_  
Last Name
First Name

Home Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**For Parents/ Guardians: Please answer the following questions:**

1. What language did your son/daughter speak when he/she first learned to talk?: \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? Years: \_\_\_\_\_ Months: \_\_\_\_\_
6. When did you first enroll your son/daughter in school in the United States? Year: \_\_\_\_\_ Grade: \_\_\_\_\_

**For School District Personnel:**

If the answer to any of the first four questions above is a language **other than English**, indicate the student's native/home language in EMIS and proceed to assess the student's English language proficiency.

## INITIAL ENGLISH LANGUAGE ASSESSMENT

Language Skill	Proficiency Level									
Listening	_____	Pre-functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Speaking	_____	Pre-functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Reading	_____	Pre-functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Writing	_____	Pre-functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Comprehension	_____	Pre-functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Composite	_____	Pre-functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient

Is the student LEP? Yes \_\_\_\_\_ No \_\_\_\_\_

If the student has been in U.S. schools for less than three years, is the student eligible for *extended* accommodations for statewide academic assessments? Yes \_\_\_\_\_ No \_\_\_\_\_