



MOSINEE SCHOOL DISTRICT HOME LANGUAGE SURVEY

Student Name: _____ Grade: _____

Relationship of Person Completing Survey:

Mother Father Guardian Other (specify): _____

Check the correct response for each of the following questions and indicate other languages if applicable.

- | | English | Other | Please specify Language(s) |
|--|--------------------------|--------------------------|---------------------------------------|
| 1. What language did the child speak when she or he first began to talk? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. What language does the family speak most of the time at home? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. What language does the parent(s) speak to the child most of the time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. What language does the child speak most often? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. What language does the child speak most often to parents? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. What language does the child speak most often to brothers/sisters? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. What language does the child speak most often to friends? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Yes | No | |
| 8. Has the child been identified as ELL by any other school? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Has the child ever received ELL services at another school? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Has the child taken the ACCESS for ELL annual assessment at any other school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I don't know |
| 11. Does an adult family member living with the child speak/read/write English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| | English | Other | |
| 12. In what language do parents/guardians request oral or written communication from the school? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Signature of person completing the survey: _____ Date: _____

(Please include contact information if different from family contact information.)

FOR OFFICE USE ONLY

If survey indicates a non-English language, forward a copy of the Home Language Survey to the designated MSD ELL resource staff member.

Previous ELL services: _____ ELL Level (1-6) _____

ELL Level determined by: Test/Date: _____ Other: _____

ACCESS W-APT Screener Date/Examiner: _____

Previous ELL Services Info: (Commenced/Terminated/Type/Amount/Other)
