

**Milan Area Schools
100 Big Red Dr.
Milan, MI 48160**

HOME LANGUAGE SURVEY

(For Students New to the District)

Name of Student _____ Date _____

Age _____ Grade _____ School Building _____

In order to determine those students who are potentially eligible for special instruction in English as a Second Language, we are requesting the following information.

1. Is English the first language that the student learned to speak? _____ yes _____ no

2. Is English regularly (most of the time) spoken in the home? _____ yes _____ no

If NO, what is the language spoken at home? _____

If the response to either or both of the above questions is NO, please answer the following questions:

How many years has the student gone to school in the United States? _____

Please assess the student's English language proficiency (in your opinion). Check any of the choices below that apply:

_____ Speaks no English

_____ Reads no English

_____ Speaks limited English

_____ Reads limited English

_____ Speaks English well

_____ Reads English well

_____ Writes no English

_____ Writes limited English

_____ Writes English well

Parent/Guardian Signature

Address

House address

City

Zip Code