



Student Language Survey

Student Name: _____ Date of Birth: _____ Grade: _____
 Person Completing Survey: _____
 Parent's Name: _____
 Address: _____
 Home Telephone: _____ Cell Phone: _____
 Parent's Place of Employment: _____

Circle the best answer to each question.

Does anyone in your home speak a language other than English?	YES (Continue)	NO (Stop)
1. Was the first language the student learned English?	YES	NO
2. Can the student speak a language other than English?	YES	NO
If yes, what language? _____		
3. Is any language other than English used at home?	YES	NO
4. Which language do you use most often when you speak to friends?		
English Other (Specify) _____		
5. Which language does the student use when speaking to parents?		
English Other (Specify) _____		
6. Have you attended school in a country other than the U.S.?	YES	NO
If so, how long and what grades? _____		
7. Have you attended another school in the U.S.?	YES	NO
If so, where and how long? _____		
8. Have you attended another school in Missouri?	YES	NO
If so, where and how long? _____		
9. Please provide any other related information that would help the school (for example, referral to Gifted or Special Education programs in prior schools, etc.): _____		

*If the student's survey indicated that another language is spoken, then it may be necessary to give fluency tests to see if he/she is limited in their English proficiency and in the need of services to improve their proficiency in English.

Parent's Signature: _____

Note to school staff: This form should be given to all new and enrolling students. Any student that indicates use of a language other than English should be assessed as to English language proficiency.