



English Speakers of a Second Language (ESOL) Home Language Survey

Student's Name: _____

Student's Address: _____

Parent(s) or guardian(s) Names: _____

1. Is a language other than English used in your home? _____ yes _____ no
2. If yes, what language? _____
3. Does the student have a first language other than English? _____ yes _____ no
4. If yes, what language? _____
5. Does the student most frequently speak a language other than English? _____ yes _____ no
6. If yes, what language? _____

Form completed by: _____ Date: _____

The following portion will be completed by a school official if the student appears to be eligible for an ESOL program.

What steps have been taken to verify "yes" answers to questions 1, 3, and 5?

What instruments were used to assess the aural and oral proficiency of the student?

What programmatic interventions are being provided to the student?

If the student exited the program, what measures were used to determine this was an appropriate action?

Form completed by: _____

Position: _____ **Date:** _____