



## 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: \_\_\_\_\_

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**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:** \_\_\_\_\_