



BEACHWOOD SCHOOLS
LEARNING FOR LIFE

Beachwood City School District Home Language Survey

First Date of School (in any USA School) _____

Date of Enrollment _____

School District of Residence _____

ESL/Office Use
Building
Teacher
SPED
Title I

Federal guidelines require that this form be completed by **all students at the time of enrollment.**

Instructional programs for non-English or limited-English proficient students are available within the Beachwood City Schools. Information about the language background of each student is necessary to determine the possible need for language development assistance. If a foreign language is listed, we will test the student's need for English as a Second Language Services.

Please Print

Student Name _____ Grade _____ Birth date _____

Male _____ Female _____

Student's City and Country of Birth _____

Address _____
Street City Zip Code () Phone Number

Father's Place of Employment _____ Father's Work Phone _____
Father's Cell Phone _____

Mother's Place of Employment _____ Mother's Work Phone _____
Mother's Cell Phone _____

1 What language does the student use most? _____

2 Name the language(s), other than English spoken by the student _____

3 Name the language(s), other than English, **spoken in the home** _____

PARENT'S SIGNATURE _____

If your answer was any language other than English to questions 1-3, please complete the following questions.

- | | Circle Yes or No | Check Limited or Fluently | |
|--------------------------------------|------------------|---------------------------|----------------|
| 4 Does student speak English? | Yes / No | Limited _____ | Fluently _____ |
| 5 Does student read English? | Yes / No | Limited _____ | Fluently _____ |
| 6 Does father speak English? | Yes / No | Limited _____ | Fluently _____ |
| 7 Does father read English? | Yes / No | Limited _____ | Fluently _____ |
| 8 Does mother speak English? | Yes / No | Limited _____ | Fluently _____ |
| 9 Does mother read English? | Yes / No | Limited _____ | Fluently _____ |

This completed form is to be placed in the student's accum. folder and remain there until graduation. If language(s) other than American English are listed, please send a copy of the completed form to Pupil Services, Attention: ESL

10 Name of an available interpreter? _____ Relationship _____

May we contact them as needed? YES _____ NO _____ Phone _____

11 What is your native country? _____

12 How long have you lived in the United States? _____

13 Was the student you are enrolling born in the United States? _____

If yes, where? City _____ State _____

14 Please print the following names:

Father _____

Mother _____

Sister(s) Name(s) _____ Age(s) _____

Brother(s) Name(s) _____ Age(s) _____

15 Other persons living in your home _____

What languages do they speak? _____

Do they speak fluent English? YES _____ NO _____

16 Please list any other schools that this student has attended - both foreign or in the USA:

Name of School	Year(s)	Grade(s)	City and State	Days Enrolled