



# WEST ALLEGHENY SCHOOL DISTRICT

## HOME LANGUAGE SURVEY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Any questions regarding this matter related or to the ESL program should be directed to Mrs. Tammy Adams, Assistant to the Superintendent for Special Education and Student Services at 724-695-5221 or [tadams@westasd.org](mailto:tadams@westasd.org).

1. Was your child born outside of the U.S.?  Yes  No If yes, list county: \_\_\_\_\_
2. What is/was the student's first language? \_\_\_\_\_
3. When did this student come to the United States? \_\_\_\_\_
4. Does the student speak a language(s) other than English?  Yes  No *(Do not include languages learned in school.)*  
If yes, specify the language(s): \_\_\_\_\_
5. What language(s) is used with parents? \_\_\_\_\_ with siblings? \_\_\_\_\_ with friends? \_\_\_\_\_
6. Is an interpreter needed for home/school communication (oral and written)?  Yes  No

My child . . . .	Very Well	Only a Little	Not at all
Reads English			
Writes English			
Reads first language			
Writes first language			

7. Has the student attended any United States school in any 3 years during his/her lifetime?  Yes  No  
*If yes, complete the following:*

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>	<u>Received ESL Instruction</u>
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No

8. Do the student's parents or guardians require translation and/or interpretation services?  Yes  No
9. If so, please select which services are requested (check all that apply).  Translation  Interpretation
10. If services are requested, what is the student's parents' or guardians' preferred language? \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature** or person completing this form (of other than parent/guardian): \_\_\_\_\_  
**Date**

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.