

**EASTON PUBLIC SCHOOLS  
Kindergarten  
HOME LANGUAGE SURVEY**

(Yellow)

Dear Parent/Guardian,

In order to help your child succeed in school we ask that you please fill out the following form for EACH child that you are registering in the Easton Schools. Your answers will help us to provide the best possible educational program for your child.

Student Name \_\_\_\_\_

School Attending \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Student's Place of Birth: \_\_\_\_\_

What language did your child first understand or speak? \_\_\_\_\_

What language do you use most often when speaking to your child? \_\_\_\_\_

What language does your child use most often when speaking with you at home? \_\_\_\_\_

What language does your child speak most often when speaking with other family members? \_\_\_\_\_

\_\_\_\_\_

What language does your child use most often when speaking to friends? \_\_\_\_\_

What languages does your child use to read letters? \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**The information below is to be completed by an administrator or counselor before the student is placed.**

Date of School Enrollment	If transferring from another school, was the student classified as ELL? Y N NA	Student's First Name Student's Family Name	Age	Birthdate / /	Grade
	Number of years/months Student has been in U.S.A:	Relationship of Person Completing Survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____  Recommendation <input type="checkbox"/> Initial Testing <input type="checkbox"/> ELL Services <input type="checkbox"/> No ELL Services	Signature of Administrator or Counselor _____		

**When the Home Language Survey responses suggest that a student may be an English Language Learner, a copy of the survey is to be forwarded to the Curriculum Director's Office within 5 school days.**