

If there is a "YES" to question 1 or 2, then a copy **MUST** be made and sent immediately to the TBE/TPI office. **ALL** Pre-K and K surveys **MUST** be copied and sent immediately to the TBE/TPI office.

# COOK COUNTY SCHOOL DISTRICT 130

## Home Language Survey

Dear Parents/Guardians:

The state requires the district to collect a Home Language Survey for *every student*. This information is used to count the students whose families may speak a language other than or in addition to English at home. It also helps to identify the need for the transitional Bilingual Education Program or the Transitional Program of Instruction – English as a Second Language Program.

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

Grade Level \_\_\_\_\_ Birthdate \_\_\_\_\_

1. Is a language other than English spoken in the home?  
\_\_\_\_ Yes    What language? \_\_\_\_\_  
\_\_\_\_ No
2. Does your child speak a language other than English?  
\_\_\_\_ Yes    What language? \_\_\_\_\_  
\_\_\_\_ No
3. Which language did your child first learn to speak? \_\_\_\_\_
4. What language does your child speak most often? \_\_\_\_\_
5. What language do you use in speaking with your child? \_\_\_\_\_
6. How many years has your child lived in the United States? \_\_\_\_\_
7. Where was your child born? \_\_\_\_\_

If the answer to question 1 or 2 is **yes**, the school will assess your child's English language proficiency. The school may measure your child's listening, speaking, reading and writing skills.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL OFFICE USE ONLY:

Teacher Name: \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Where did child transfer from? \_\_\_\_\_ Male or Female (circle one)

Name of school, city, state, country

Cc: Original – Student Cum Folder