

## HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English to Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

### Student Information:

Name	Grade
Address	Date of Birth
Date first enrolled in a school in the U.S.	Phone Number

### Student Language Information:

1. What language did your child first learn to speak/use?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_
2. What language does your child most often speak/use at home?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_
3. What language do you most often speak/use with your child?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_
4. What language do the adults at home most often speak/use?  
English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### Parent/Guardian Information:

Which language do you read/write? English \_\_\_ Spanish \_\_\_ Other (specify) \_\_\_\_\_

### Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Has your family moved in the last 36 months to seek or obtain agriculture or fishing related work?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the move from one school district to another? Yes \_\_\_\_\_ No \_\_\_\_\_



# Kansas Title I Part C Education Program

Identification & Recruitment Job Referral Form  
Programa de Educación Título I Parte C de Kansas  
Forma de Referencia de Trabajo

If you have done certain types of agricultural work, you and your children may qualify for educational services such as additional help in school, advocacy services and G.E.D. or high school diploma classes. Filling out this survey can help us possibly help you!

Si usted ha trabajado en algo relacionado con la agricultura usted y sus hijos podrían calificar para recibir servicios de educación, como ayuda en la escuela, servicios de apoyo, tutoría, G.E.D (Clases de preparatoria). Al usted llenar esta encuesta nos daría la oportunidad de ayudarle!

Name / Nombre \_\_\_\_\_ Date / Fecha \_\_\_\_\_

Address / Domicilio \_\_\_\_\_

Phone number / Número de teléfono \_\_\_\_\_

Has your family moved in the last 3 years? / ¿Se ha mudado en los últimos 3 años?  Yes / Si  No

Previous address / Domicilio anterior \_\_\_\_\_ City / Ciudad \_\_\_\_\_

Has anyone in your family worked in anything related to the jobs listed below?  Yes  No  
¿Alguien de su familia ha trabajado en algo relacionado con los siguientes empleos?  Si  No



Feed Cattle,  
Processing, Packing



Dairy  
Lechería



Eggs  
Huevos



Cultivation, soil preparation  
Cultivando, Preparación de Tierra



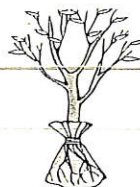
Fishing  
Pescado



Harvest (fruit & vegetables)  
Cosechando (frutas y verduras)



Milling, Cotton  
Molinos, Algodón



Trees, Planting, Cutting  
Árboles, Podar, Plantar  
Derribar o Cortar



Greenhouse, Nursery, Sod  
Invernadero, Vivero,  
Cultivar Pasto

If you have any questions please call:  
Si tiene alguna pregunta favor de llamar al:

Fax:  
Fax: