



BLANCHESTER LOCAL SCHOOL DISTRICT

951 CHERRY STREET · BLANCHESTER, OHIO 45107

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www.blanschools.org

HOME LANGUAGE SURVEY

To be completed by parents of ALL at the time of enrollment

Federal guidelines require that school districts identify and serve students who are limited English proficient and need English instructional services. If a language other than English is listed, we will test the student's need for English as a Second Language services.

Student Name: _____ Sex: Male Female D.O.B.: ____ / ____ / ____

Grade: _____ School: _____ Place of Birth: _____

Address: _____

Phone Number: _____ Parent/Guardian Name: _____

1. What was your first language your child spoke? English Other, _____

2. What language does your child most frequently use at home? English Other, _____

3. What language is most often spoken by the adults in your home? English Other, _____

4. Can an adult family member or extended family member _____
Speak English? Yes No
Read English? Yes No

If "no", is there a neighbor, friend or relative that can help translate letters sent home? Yes No

Name of Interpreter: _____ Phone Number: _____

5. If English is NOT primary language, has your child studied English? Yes, how long? _____ No

6. How long has your child lived in the United States? _____

7. Has your child attended any other school in the United States? Yes No

If "yes", name and location of the school: _____

8. Date your child was first enrolled in school in the United States? ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

For school personnel: This form should remain in student's permanent file through graduation. If the parent checks "YES" or specifies "Other Languages", please send a copy to the ESL Coordinator.