



SCHOOL USE
DATE RECEIVED

Cleveland Heights-University Heights City Schools
Student Services Department

HOME LANGUAGE SURVEY

As required by Federal Law, this form must be completed and kept on file for every enrolled student in the District. Please complete and return.

STUDENT NAME _____
Last First Middle

CH-UH SCHOOL _____ GRADE _____ MALE ___ FEMALE ___

BIRTH DATE ____ / ____ / ____ BIRTH PLACE _____
Month Day Year City State Country


PARENT/GUARDIAN _____
Last Name First Name

HOME ADDRESS _____
Street City Zip Code

PHONE NUMBER _____
Home Work Cell

LIST ALL SCHOOLS ATTENDED IN THE U.S.

Name of School	City, State	Grade	Dates Enrolled

PLEASE TURN FORM OVER, ANSWER ALL QUESTIONS, SIGN  AND RETURN FORM TO YOUR SCHOOL SECRETARY

**FOR SCHOOL DISTRICT STAFF
PLEASE FORWARD COMPLETED FORM TO BOE
DEPT OF STUDENT SERVICES/ELL PROGRAM COORDINATOR**

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. What language(s) did your child speak when first learning to talk? _____
2. Does your child: speak _____ read _____ write _____ English? (check all that apply)
3. List all languages spoken in the home _____
4. What language(s) does your child use most often at home? _____
5. What language(s) do the adults speak most often at home? _____
6. What is the parent/guardian native language? Mother _____ Father _____ Guardian _____
7. How long have you lived in the U.S.? Mother _____ Father _____ Guardian _____
8. Does parent/guardian speak/read/write English? Mother: speak _____ read _____ write _____
Guardian: speak _____ read _____ write _____ Father: speak _____ read _____ write _____
9. Do you need a translator/interpreter *No* _____ *Yes* _____ (if *Yes*, check all that apply):
to speak to your child's teacher _____; for school events/ programs _____; for conferences _____;
for written notices _____; other _____.
10. If you answered *Yes* to #9, do you have someone who can translate/interpret for you?
(If not, an interpreter/translator will be provided for you by the District.)

No _____ *Yes* _____ If *Yes*: _____
Name _____ Phone Number _____

LIST ALL SCHOOLS ATTENDED NOT IN THE U.S.

Name of School	Country, Region	Grade	Dates Enrolled

Signature of Parent/Guardian _____

Date _____

STUDENT SERVICES USE: DATE RECEIVED FROM SCHOOL: _____

ELL OFFICE USE: LEP STATUS: YES NO