

Alachua County Public Schools  
**Home Language Survey**

The State of Florida requires identification of language minority students by dominant language group. All students and/or parents/guardians must complete this survey prior to beginning the school registration process.

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First Middle

Student's Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Country Mo/Day/Yr

Student ID #: \_\_\_\_\_ Sex:  Male  Female

School of Zone: \_\_\_\_\_ Anticipated Grade \_\_\_\_ for School Year: 20 - \_\_\_\_\_

Yes	No		<b>Racial/Ethnic Code</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Is a language other than English used in the home? If yes, what language? _____	W - White
<input type="checkbox"/>	<input type="checkbox"/>	2. Did the student have a first language other than English? If yes, what language? _____	B - Black
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the student most frequently speak a language other than English?	H - Hispanic
			A - Asian/Pacific Islander
			I - Amer Ind/Alaskan Native
			M - Multiracial

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4. Was your child born in a country other than the United States (U.S.) or U.S. territory?

5. If Yes, when did your child first enter the U.S.? \_\_\_\_\_

6. If your child was born in another country, what was the date your child first enrolled in U.S. schools?  
*(not including preschool)* \_\_\_\_\_

*I hereby verify that the above information is true and correct to the best of my knowledge.*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Name (printed) Signature – Parent/Guardian Date

\*All grade placements are made by the school principal or designee of the school where the student will be in attendance.

**OFFICE USE ONLY**

For all students with a "yes" response for questions **1, 2, and 3 only**, complete the testing information in the box:

Date tested: \_\_\_\_\_ Tested by: \_\_\_\_\_ IPT Score: \_\_\_\_\_

Aural/Oral Test Name: \_\_\_\_\_

Achievement Test Name\*: \_\_\_\_\_ Date: \_\_\_\_\_ Reading %ile: \_\_\_\_ Language %ile: \_\_\_\_

\_\_\_\_\_ Eligible for ESOL \_\_\_\_\_ School student will be attending

\_\_\_\_\_ Not Eligible for ESOL \_\_\_\_\_ LEP Committee (form attached)

\*For 3-12 students who scored above the cut-off on the aural/oral test.