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.

Stu	dent Information:						
Na	me		Grade				
Ad	dress	Dat	Date of Birth				
Da	te first enrolled in a school in the U.S. Phone	Number					
	dent 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)						
	ent/Guardian Information: ch language do you read/write? EnglishSpanish Othe	r (speci	fy)				

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 y	your family	moved i	n the last :	36 months	to seek or	obtain a	agricultur	e or fishing	related	work?
Yes	No						_	_		
_										
If yes	s, was the r	nove fror	m one sch	ool district	to another	? Yes	No	.		

Has anyone in your family worked in anything related to the jobs listed below? \Box Yes \Box No Feed Cattle, Dairy Eggs Cultivation, Fishing Processing, Packing Preparation of soil Harvest (fruit Milling, **Trees** Greenhouse, and vegetables) Nursery, Sod Cotton Planting, Cutting If you answered yes to any of the above questions, please answer the following questions: (If you answered no, you do not need to continue.) Telephone:______ Best time to call:______ Signature of Parent or Guardian Date