

DISTRICT SCHOOL BOARD OF PASCO COUNTY HOME LANGUAGE SURVEY ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

MIS Form #580 Rev. 3/17

Date of Survey Student #				udent #				
Stu	dent Name	First	Middle	Last	Date of E	Sirth /	/ / Day Yea	
Par	ent or Guardi	an Name			Primary F	Phone		
Parent or Guardian Email Address					Alternate	Phone		
ES	OL Program	Eligibility Q	<u>uestions</u>					
1.	If the answer to one or more of the following questions (2-4) is <u>yes</u> , your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please ini that you understand the above statement before proceeding.							
2.	Is a language <u>other</u> than English spoken in your home? Yes						No	
	If yes, what language?							
	Who speaks	s this langua	ge?					
3.	Does the st	udent have a	ı first languag	je <u>other</u> than En	glish?	Yes	No	
	lf yes, what	language? _						
4.	Does the st	udent most fi	requently spe	ak a language <u>o</u>	ther than English?	Yes	No	
	lf yes, what	language? _						
5.	When did th	e student firs	st enter a U.S	S. school (kinderg	garten-12th grade)?	/ Month	/ Day Year	
6.	In what lang	luage do you	prefer to rec	eive school infor	mation when possible?			
mr	nigrant Child	Iren and Yo	uth Program	Eligibility Que	stions			
	-	-		•	ere not born in any U.S. program provides educa			
۱.	Was the stu	dent born ou	tside of the L	Jnited States? Y	es No If ye	s, where?	Country	
2.	If born outsi 0 years		-	years of school 2 years3	has the student <u>complet</u> 3 or more years	<u>ed</u> in the Un	ited States?	
_ .	Signature F				Relation to stu	elation to student		