

West Carrollton School District

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www.westcarrolltonschools.com



HOME LANGUAGE SURVEY

STUDENT'S NAME DATE

BIRTHDATE PLACE OF BIRTH

NAME OF PARENT OR GUARDIAN PHONE NUMBER

STREET ADDRESS CITY ZIP CODE

FOR PARENTS/GUARDIANS:

1. What language did your child speak when he/she first learned to speak?
2. What language does your child use most frequently at home?
3. What language do you use most frequently when speaking to your son/daughter?
4. What language do the adults at home speak most often?
5. How long has your child attended school in the United States?

FOR SCHOOL DISTRICT PERSONNEL ONLY:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in the appropriate DASL screen.

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication Skill	Proficiency Level			
Listening:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Speaking:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Comprehension:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

(The Comprehension score is calculated by averaging the listening and reading scores)

Assessment instrument(s) used _____

Student is LEP? ___ YES ___ NO

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? ___ YES ___ NO