



Language:
Language Use Survey – Home Language Questionnaire

For more information, contact
the CPS English Learners
department at 573-214-3965

Please answer ALL questions on both pages of this form

School Building of Residence: _____ Today's Date: _____

Student's Last Name _____ First Name _____

Student Information		
1. What was your student's first language? (native/home language)	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
2. Which language(s) does your student mostly use (speak) at home and with others?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____ Please note: This question is about native language . It is not about a language other than English the student is learning .
3. Which language(s) does your student hear and understand at home? (Which language do the adults in the student's home mostly speak?)	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____

4. Please describe the language your student uses to communicate. **Choose only one.**

- Communicates only in the native language and no English.
- Communicates mostly in the native language and some English.
- Communicates in the native language and English equally.
- Communicates mostly in English and some of the native language.
- Communicates only in English.

Comments: _____

Family Information

5. Have you or your family moved in the last three (3) years? **YES NO**

6. In the last three (3) years, have you worked or are you currently working in any of these areas?
Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Work in a nursery (plants) | <input type="checkbox"/> Feeding poultry, gathering eggs, working in a hatchery |
| <input type="checkbox"/> Planting or harvesting crops | <input type="checkbox"/> Processing meat, poultry, fruit, vegetables, dairy products |
| <input type="checkbox"/> Milking cows on a dairy farm | <input type="checkbox"/> Commercial fishing or work on fish farm |
| <input type="checkbox"/> Growing & tending trees to be sold | <input type="checkbox"/> Other: _____ |

Parent's/Guardian's Place of Employment: _____

7. Do you identify as a Refugee, or have you been given refugee status through the U.S. government? **YES NO**

Parent/Guardian Language Information

8. **Language of Correspondence for Parents/Guardians (please choose one):** In which language do the parents/guardians (family) prefer to receive communication from the school, if possible?

- Check **one**: English Arabic Chinese Swahili
 Spanish Korean Other: _____

Parent/Guardian Language Information, continued

9. Does at least one parent or guardian speak a language other than English? **YES** **NO**

**If the answer to #9 is YES, please complete Questions 10-12.
If the answer is NO, please skip to the bottom of the page.**

10. Does at least one of the parents/guardians prefer a language interpreter, if available? Please choose one answer per family. **YES** **NO**

11. **Parent/Guardian #1–Print Name:** _____

Relationship to student: Mother Father Guardian

What is your first/native language? _____

a. Do you read in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
b. Do you write in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
c. Do you speak & understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
d. Do you read in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
e. Do you write in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No

List other language(s) you use or understand: _____

12. **Parent/Guardian #2–Print Name:** _____

Relationship to student: Mother Father Guardian

What is your first/native language? _____

a. Do you read in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
b. Do you write in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
c. Do you speak & understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
d. Do you read in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
e. Do you write in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No

List other language(s) you use or understand: _____

Student Information: Birth Date: _____ Age: _____ Male/Female: _____

First U.S. Enrollment Date (the **first** time your student enrolled in a U.S. School): _____

Former School City & State: _____ Former School's Phone Number: _____

Most Recent Grade Completed: _____ How long will you be in Columbia Public Schools? _____

Has the student been in ELL/ESL classes before? YES NO Phone Number: _____

Parent/Guardian Name: _____ **Signature:** _____

Office Use only: CPS Registrars/Secretaries: Please input ALL answers above into eSchool. Place a copy of this form in student's PERM folder. If any question is answered "yes" or a language other than English is listed in any answer, send a copy to the EL teacher or EL department at Aslin. If a language listed above is NOT an option in the dropdown menus in eSchool, please add that information in the COMMENTS section of the Home Language Questionnaire screen.