**PINELLAS COUNTY SCHOOLS**

 **HOME LANGUAGE SURVEY**

# **ADMINISTER TO EACH NEW STUDENT ENROLLING IN A FLORIDA PUBLIC SCHOOL FOR THE FIRST TIME**

**Student's Last Name: Click or tap here to enter text. Student's First Name: Click or tap here to enter text.**

**Address:Click or tap here to enter text. City:Click or tap here to enter text. Zip Code:Click or tap here to enter text.**

**Phone: Click or tap here to enter text.**

**Country of Birth: Click or tap here to enter text. Date of Birth: Click or tap to enter a date. Current Grade: Choose an item.**

**Date Entered U.S. Schools:**Click or tap here to enter text. **Assigned School**Click or tap here to enter text.

**The information provided on this form is used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

|  |  |  |
| --- | --- | --- |
| **a. Is a language other than English spoken at home?** [ ] **Yes** | [ ] **No** | **What language?**Click or tap here to enter text. |
| **b. Does the student have a first language other than English?** [ ] **Yes** | [ ] **No** | **What language?**Click or tap here to enter text. |
| **c. Does the student most frequently speak a language other than English?** [ ] **Yes** | [ ] **No** | **What language?**Click or tap here to enter text. |

**ANY "YES" ANSWERS WILL RESULT IN TESTING TO DETERMINE ELIGIBILITY FOR ESOL SERVICES. BECAUSE OF THE LARGE NUMBER OF STUDENTS TO BE TESTED, THERE MAY BE A DELAY IN TESTING OF UP TO 4 WEEKS. CLASSROOM TEACHERS WILL ADJUST THEIR INSTRUCTION TO MEET THE ELL STUDENT'S NEEDS. EVEN IF YOUR CHILD IS IDENTIFIED AS AN ELL, YOU MAY DECLINE THE PLACEMENT INTO ESOL CLASSES.**

 **Parent/Guardian Signature: Please email this form to** **riverab@pcsb.org** **with the subject Agree to Consent**

## **SCHOOL USE ONLY**

**If answers to above questions are all NO: file Home Language Survey in cum folder**

**Any YES responses, K-12: Give HLS to ESOL Teacher or send to ESOL Office for testing**

### **ESOL USE ONLY**

 **Foreign Exchange Student: Yes No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English Language Learner (ELL):** | **Yes** | **No** | **ELL Status:** | **TZ** |  |
| **Basis of Entry:**  | **R** | **L**  | **Basis of Exit** | **J** | **L** |

**Classification Date Entry Date Exit Date**

**Native Language **

**Comments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TEST NAME** | **TEST DATE** | **Title** | **Level (local) (LvJ) A-B.C.D** | **Rating (local) (RTG)****BEG-I LIN-2****HIN=3 PRF—4** | **Scale Score (SS)** |
| **Online CELLA (Form 3)** |  | **Listening/Speaking** |  |  |  |
| **Other;** |  | **Reading** |  |  |  |
|  |  | **Writing** |  |  |  |
|  |  | **Comprehensive/****(Total)** |  |  |  |

**Check if applies:**

**a Pre-K student with "YES" responses: code LY basis of entry T**

**PCS Form 2-1662-A (Rev. 3/17) Category A**

**Review Oate 3/18 cc # 6260**