

PINELLAS COUNTY SCHOOLS  
HOME LANGUAGE SURVEY

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

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Date Entered U.S. Schools \_\_\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

**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? \_\_\_\_\_
- b. Did the student have a first language **other than English**? **Yes** \_\_\_ **No** \_\_\_ What language? \_\_\_\_\_
- c. Does the student most frequently speak a language **other than English**? **Yes** \_\_\_ **No** \_\_\_ What language? \_\_\_\_\_

**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 EL STUDENT'S NEEDS. EVEN IF YOUR CHILD IS IDENTIFIED AS AN ELL, YOU MAY DECLINE THE PLACEMENT INTO ESOL CLASSES.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SCHOOL USE ONLY**

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

**Any YES responses, Pre-K:** Code LY basis of entry T on EL Tab in FOCUS; enter Classification Date (HLS date) and Entry Date (1st day of PK)

**Any YES responses, K-12:** Code LP basis of entry T on EL Tab in Focus. Give HLS to ESOL Teacher or send to ESOL Office for testing

**ESOL USE ONLY**

**Is this a Foreign Exchange Student?** If YES, do not test!

**English Learner (EL):** Yes No **EL Status:** LY LF TZ

**Basis of Entry:** A R L T **Basis of Exit** H I J L

Classification Date \_\_\_\_\_ Entry Date \_\_\_\_\_ Exit Date \_\_\_\_\_

Native Language \_\_\_\_\_ Tester \_\_\_\_\_

Comments \_\_\_\_\_

TEST NAME	TEST DATE	Title	Level (local) (Lvl) A-B-C-D	Rating (local) (RTG) BEG=1 LIN=2 HIN=3 PRF=4	Scale Score (SS)
Online CELLA (Form 3)		Listening/Speaking			
Other:		Reading			
		Writing			
		Comprehensive/ (Total)			