



ST. JOHN BOSCO CATHOLIC SCHOOL

The Wisconsin Home Language Survey Form

Student Information

Date:		
First Name:	Middle Initial:	Last Name:
Grade:	Date of Birth:	
Language(s) other than English used by student:		

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

1. Was the first language used by this student English? Yes No
Yes: Go to Question 2
No: Go to Question 3
2. When at home, does this student hear or use a language other than English more than half of the time?
 Yes No
Yes: Go to Question 4
No: Student is not eligible for ELP Screening. Home Language Survey is complete.
3. When at home, does this student hear or use language other than English more than half of the time?
 Yes No
Yes: Administer ELP Screening. Record other language(s). Home Language Survey is complete.
No: Go to Question 4
4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time? Yes No
Yes: Administer ELP Screener. Record other language(s). Home Language Survey is complete.
No: Go to Question 5

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5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time? ____ Yes ____ No

Yes: Administer ELP Screener. Record other language(s). Home Language Survey is complete.

No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time? ____ Yes ____ No

Yes: Administer ELP Screener. Record other language(s). Home Language Survey is complete.

No: Go to Question 7

7. Is this student a native American, Native Alaskan, or Native Hawaiian? ____ Yes ____ No

Yes: Go to Question 8

No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian? ____ Yes ____ No

Yes: Administer ELP Screener. Record other language(s). Home Language Survey is complete.

No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner? ____ Yes ____ No

Yes: Rescreen the student if they meet the criteria for rescreening. Otherwise, student's ELP should be carried over from the sending district.

NO: Student is not eligible for ELP Screening. Home Language Survey is complete.