

BELLEVUE CITY SCHOOL DISTRICT
125 NORTH ST. PO BOX 8003
BELLEVUE, OH 44811
419-484-5000/5005

HOME LANGUAGE SURVEY

NAME OF STUDENT: _____ SEX M F
Last Name First Name Middle Name

BIRTHDATE: ____/____/____ PLACE OF BIRTH: _____
Month Day Year City State Country

PARENT/GUARDIAN: _____
Last Name First Name

HOME ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____ WORK PHONE: _____

1. What language did your child speak when he/she first learned to talk? _____
2. What language does your child use most often at home? _____
3. What language do you use most often to speak to your child? _____
4. What language is spoken most often by the adults at home? _____
5. Does anyone in your home read English? YES _____ NO _____

Date

Signature Of Parent/Guardian

FOR OFFICE USE ONLY

ORAL ENGLISH LANGUAGE PROFICIENCY

NAME OF TEST	DATE	SCORE
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READING AND WRITING PROFICIENCY

NAME OF TEST	DATE	SCORE
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TEACHER JUDGEMENT FORM

ESL STUDENT INFORMATION FORM

OTHER

STUDENT QUALIFIES FOR ENGLISH AS A SECOND LANGUAGE TUTORING? Yes _____ No _____

PARENT PERMISSION FORM: SENT _____ RECEIVED _____
DATE DATE

PARENT PERMISSION: GRANTED _____ DENIED _____