BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

DATE: _____

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts locate and identify English Language Learners (ELLs) in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification. Given this responsibility, the school district has the right to conduct screenings and ask for related information to identify ELLs. ***It is imperative that all information on this form is completed prior to registration.***

Student: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Address: _____ Phone: _____

New School: _____ Grade: _____ Parent Name: _____

1. What was the **FIRST** language this student spoke? _____

2. What language(s) is(are) spoken in the home? _____

3. At home, what language(s) does the student speak? _____

4. In what year did your child first attend U.S. schools? _____
Month / Year

5. Please list the schools previously attended in the last three (3) years.

Name of School	**City/State/Country**	**Dates Attended**

6. **In the past three years, has either parent/guardian worked in an agricultural industry? Yes or No**

_____ _____
Parent/Guardian Signature Relationship

BASD PERSONNEL must complete this section

If ***any*** answer indicates a language other than English this student *MUST* be referred to the CLA Office. Principal or Designee *must* call CLA at 610-865-7880 for an appointment for language assessment and/or to clarify any questionable responses.

Child referred for English Language Assessment ___ **YES** ____ **NO** Test date/time _____

Form completed by: _____

Please forward a copy of this survey to the CLA Office. 2/10/2016