Phone: 814-362-3841 Fax: 814-362-2552

Student Information (Parents/Guardians should complete this section):

Web Site: www.bradfordareaschools.org E-mail: basd@bradfordareaschools.org



## **HOME LANGUAGE SURVEY**

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Child's First and Last Name:	
Child's Date of Birth: (Month/Day/Year)	
Questions for Parents or Guardians	
1. Is a language other than English spoken in the child's home? No No Yes (language)	_
2. Does your child communicate in a language other than English? No Yes (language) —————	_
3. What is the language that your child first learned to speak?	_
4. Has your child previously received ELL Services? No Yes Date services began?	_
5. If your child received ELL Services, was an Interpreter provided? No Yes	
Parent/Guardian Signature: Date:	
FOR OFFICE USE ONLY:  Copy of Survey to ELL Administrator Date:	

