

**Okaloosa County School District
Student Intervention Services / ESOL
Home Language Survey**

As required by the Office of Civil Rights and Florida Administrative Code 6A-6.0902, a Home Language Survey must be completed for each student registering for the first time in a Florida public school.

- This form is required for first time enrollees in a Florida school.
- Do not complete this form if the child has previously attended a school in Okaloosa County.

Student Name: _____	Today's Date: _____
(Last) (First) (M)	
Student's Birth Place: _____	Birth Date: _____
What date did the student first enter a U.S. school (DEUSS)? _____	If the student was born outside the United States, how many years of school has the student completed in the U.S.? <input type="checkbox"/> 0 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 or more years

English for Speakers of Other Languages (ESOL) Program Eligibility Questions

If the answer to one or more of the following questions is **yes**, your child will be administered an English language proficiency test in accordance with Florida statutes to determine eligibility for ESOL program services.

1. Is a language other than English used in the home? (Home Language – HM)
<input type="checkbox"/> No <input type="checkbox"/> Yes, the student speaks: _____ If yes, who speaks this language? _____
2. Did the student have a first language other than English? (Secondary Language – SL)
<input type="checkbox"/> No <input type="checkbox"/> Yes, the student's first language was: _____
3. Does the student most frequently speak a language other than English? (Primary Language – PL)
<input type="checkbox"/> No <input type="checkbox"/> Yes, the student speaks: _____

I understand that if I marked yes to any of the questions above, my child will be administered an English language proficiency test in accordance with Florida statutes. I hereby verify that the information I have provided is true and correct to the best of my knowledge.

Parent/Guardian Name (Printed)

Signature of Parent/Guardian

Date

For School Personnel Only	
If a <u>yes</u> answer is marked: <ul style="list-style-type: none"> <input type="checkbox"/> Notify your school counselor or school ESOL contact to schedule testing <input type="checkbox"/> Code LP on 313 Screen and update languages <input type="checkbox"/> File original form in the student's blue ESOL folder / place copy in cumulative folder 	Registrar's Initials _____
If the student was born outside the U.S. and has been in a U.S. school for fewer than 3 years, <ul style="list-style-type: none"> <input type="checkbox"/> Update 324 Screen 	