

# Lake Central School Corporation

## HOME LANGUAGE SURVEY

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA-ACCESS placement test will be administered to determine whether or not the student will qualify for additional English language development support.

**Parents - please answer the following questions regarding the language spoken by the student:**

Student Printed Name \_\_\_\_\_  Male  Female

School: \_\_\_\_\_ School Year \_\_\_\_\_ Student DOB: \_\_\_\_\_

1. What is the native language of the **student**? \_\_\_\_\_
2. What language(s) is/are spoken most often by the **student**? \_\_\_\_\_
3. What language(s) is/are spoken by the **student** in the home? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Best phone number to reach parent

*By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.*

**SCHOOL USE ONLY must be completed by staff. After entering in Skyward, please give copy to ELL Coordinator:**

STN Number \_\_\_\_\_ What is language on STN Site: \_\_\_\_\_

Does Student Have Previous LM Record (click on STN Language Minority tab)  Yes  No

Student's Prior School \_\_\_\_\_ City, State \_\_\_\_\_

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

School Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_