

DISTRICT SCHOOL BOARD OF PASCO COUNTY HOME LANGUAGE SURVEY ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

MIS Form #580 Rev. 2/16

Date	e of Survey	Studer	nt #		Grade	
Stud	dent Name	Last	Date of E	Birth/ _	Day Year	
Pare	ent or Guardian Name		Primary I	Phone		
Par	ent or Guardian Email Address		Alternate	Phone		
ESC	OL Program Eligibility Questions					
1.	If the answer to one or more of the following questions (2-4) is <u>yes</u> , your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement <u>before</u> proceeding.					
2.	Is a language other than English spoken in your home?			Yes	No	
	If yes, what language?					
	Who speaks this language?					
3.	Does the student have a first language	e <u>other</u> than English	h?	Yes	No	
	If yes, what language?					
4.	Does the student most frequently spea	ak a language <u>othe</u>	<u>r</u> than English?	Yes	No	
	If yes, what language?					
5.	When did the student first enter a U.S. school (kindergarten-12th grade)?					
6.	In what language do you prefer to receive school information when possible?					
lmr	migrant Children and Youth Program nigrant children and youth: are individua re US schools for less than 3 full acader	als ages 3-21; were	not born in any U.S			
1.	Was the student born outside of the U	Inited States? Yes	No If ye	es, where?	Country	
2.	If born outside of the U.S., how many0 years1 year2			eted in the Unite	ed States?	
Signature			Relation to st	Relation to student		
	For more information regarding	g these programs,	contact The Offic	e for Teaching	and Learning	

(813) 794-2251

(352) 524-2251 (727) 774-2251 http://www.pasco.k12.fl.us/esol/