ULYSSES UNIFIED SCHOOL DISTRICT #214 HOME LANGUAGE SURVEY USD #214 State Pre-Kindergarten Program

Upon enrollment, every student or parent/guardian should be given a Home Language Survey. This survey will be used to determine which students should be tested for English proficiency. If a language other than English is marked for any of the numbers (1-4), the student must be assessed for his/her English proficiency to determine whether or not the student needs English to Speakers of Other Languages (ESOL) support services. The preschool assessments approved by Kansas State Department of Education to determine eligibility for ESOL services include: the Pre-Language Assessment Scales (Pre-LAS), and the Pre-Idea Proficiency Test (IPT), the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA). If a student scores below proficient in any of the language domains: listening, speaking, reading or writing, he/she is eligible for ESOL services.

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD/ STUDENT

STUDENT INFORMATION:					
Student's Name					
Student's Date of Birth					
Student's Phone Number					
On what date did your child first enroll	in school in the USA?				
STUDENT LANGUAGE INFORMATION: 1. What was the first language your of English	-	Other (specify)			
What laguage does you child/stude English	ent most often speak/use at h Spanish				
3. What language do you most often English	speak/use at home? Spanish	Other (specify)			
4. What Language do the adults mos English	t often speak/use at home? Spanish	Other (specify)			
PARENT/GUARDIAN INFORMATION In which language do you read/write? English	Spanish	Other (specify)			
Signature of Parent or Guardian		Data			

USD #214 STATE PRE-KINDERGARTEN PROGRAM APPLICATION

Nicora			Child Informa		_	5	.11.		
Name Child lives with:	Parer		Sex (<i>cii</i> Mother		F or M Father	Date of Bir	th	Oth	
			Parent Inform	ation					
		Mother				Fa	ther		
Name				_					
Date of Birth				_					
Address				_					
Phone (home & cell)				_					
Marital Status (circle one)			Single		Married	Dive	orced	Sing	ţle
Highest Level of Education Completed (<i>circle one</i>)			11 12 College		Grade GED		10 a Co	11 ollege	12
			General Inform	ation					
			all children in th		old				
Name		Age	2		N	lame		+ 4	Age
Does you child qualify for th (Must have completed		•	-	Child Nutri	tion Benefits)	YES		NO
Are you currently working v (Reason for referral mus		•	•		er?		YES		NO
Is the primary laguage spok (As documented by the			-		zed test)		YES		NO
Is the child's family migrant	? (A copy of	the Certificat	e of Eligibility n	nust be on	file)		YES		NO
Is your child receiving any special services? (Speech therapy, learning disabilities, etc.?)						YES		NO	
Is the child developmentally (Assessment must be in			based on asse	ssments?			YES		NO

Parent/ Guardian Signature _____ Date _____

YES

NO

Was the parent a teen when the child was born? (19 or younger)