

Allen ISD Home Language Survey

Home Campus: _____

Student's Name: _____ Grade: _____

1. What language is spoken in your home **MOST OF THE TIME**? _____

2. What language does your child speak **MOST OF THE TIME**? _____

3. In what country was your child born? _____

4. **When did your child first enter U.S. schools?** Date: ____ / ____ / ____ Grade: ____
MONTH DAY YEAR

NAME OF SCHOOL/DISTRICT/STATE _____

5. **Has your child ever attended a public school in Texas?** No Yes

If yes, indicate the name of the school(s): _____

6. **Has your child ever participated in an English as a Second Language (ESL) or Bilingual program?** No Yes

If yes, what type of program? ESL Bilingual

Parent/Guardian Signature: _____ Date: _____

For PEIMS Data Specialist/Office Use:

Date received: _____

If the Home Language Survey indicates that a language other than English is spoken or if the student was previously served in a Bilingual or ESL program, please fax or scan this form to the Early Childhood and Language Support Center and provide a copy to the ESL teacher on your campus.

FAX Number (972) 727-0531

Date faxed: _____ Initials: _____

Date copy of HLS given to ESL teacher: _____

For Early Childhood and Language Support Center Use:

Date received: _____ PEIMS entry: _____

Date(s) records requested: _____

Date of testing: _____