

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

ESL Home Language Questionnaire

**Privacy Act Notice:** Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

THIS FORM IS COMPLETED AT THE TIME OF STUDENT ENROLLMENT

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

1. What language is commonly spoken in your home?  
\_\_\_\_ English    \_\_\_\_ Another Language (Please specify): \_\_\_\_\_
2. Does the child you are registering speak a language other than English? (Excluding foreign languages studied in school.)  
\_\_\_\_ No    \_\_\_\_ Yes    If yes: What language is spoken? \_\_\_\_\_
3. What language did your child use when he/she first began to talk?  
\_\_\_\_ English    \_\_\_\_ Another Language (Please specify): \_\_\_\_\_
4. Has your child attended English speaking schools?  
\_\_\_\_ No    \_\_\_\_ Yes    If yes: How many years? \_\_\_\_\_
5. What language does your child read and/or write?  
\_\_\_\_ English    \_\_\_\_ Another Language (Please specify): \_\_\_\_\_
6. What language do you most often use when speaking with your child?  
\_\_\_\_ English    \_\_\_\_ Another Language (Please specify): \_\_\_\_\_
7. What language does your child use most often when speaking to you?  
\_\_\_\_ English    \_\_\_\_ Another Language (Please specify): \_\_\_\_\_
8. If your child is cared for by another person on a regular basis, what language is most often used?  
\_\_\_\_ English    \_\_\_\_ Another Language (Please specify): \_\_\_\_\_
9. Do you as a parent need to communicate with the school in a language other than English?  
\_\_\_\_ No    \_\_\_\_ Yes    If yes, in what language? \_\_\_\_\_

Continued on the next page

**ESL Home Language Questionnaire (cont.)**

If based on the results of this questionnaire it is necessary to conduct an evaluation, I understand and give my permission for:

1. My child to be evaluated using a standardized language proficiency test and/or academic achievement test to determine whether he/she is eligible for English as a Second Language (ESL) services. Additional information may be collected from my child's teacher(s) and his/her school records.

**AND**

2. Annual Spring testing to measure my child's academic and English language progress if eligible for services.

I understand that the ESL Teacher will share the results of the assessments with me when testing is completed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

To be completed by ESL Teacher:

Recommendation:

Proficiency Testing       Records Review       No ESL Services Required

Signature of ESL Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**Distribution: Original to Student's Cumulative File, Copy to ESL Teacher**