

**Home Language Survey**



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Dear Parents,

In order to better serve our students, we are requesting information on your child's English language proficiency. Please complete the form below and return it with the admission package. This data will be used to aid instruction and increase student achievement. Thank you for your cooperation.

**Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth (city/state and country):** \_\_\_\_\_

**Name of Parent (s)/Guardian (s):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Please answer the following questions:**

1. What language did your son/daughter speak when he/she first learned to talk? \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use (speak) most frequently with your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

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**For School Personnel Only: (Parents do not fill out this portion)**

**IPT: \_\_\_ Yes \_\_\_ No**

Oral	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing	___ Pre-Functional	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

Assessment Instrument (s) used: \_\_\_\_\_

Student LEP \_\_\_ Yes \_\_\_ No

Student withdrew \_\_\_ Date \_\_\_\_\_

Student exited ELPA \_\_\_ Date \_\_\_\_\_