



# JUNEAU SCHOOL DISTRICT

Instructional Services Center

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10014 Crazy Horse Drive • Juneau, Alaska 99801 • (907) 523-1723 • Fax: (907) 523-1729

Dear Parent/Guardian:

## **Welcome to the Juneau School District**

Your child may be entitled to special help with language under the District's English as a Second Language(ESL) / English Language Learners(ELL).

Please complete this form and return it with the other registration forms. This survey is required by the Alaska Department of Education in order for us to meet the special language needs of students with limited English.

The following students are eligible for ESL / bilingual services:

- Students who speak no English.
- Students who speak very little English.
- Students who speak English and another language equally well.
- Students who speak mostly English, but who also speak another language.
- Students who speak English only, but have been influenced by another language.

Please complete this form and return it to the School Office.

Thank you



## PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

**This form is required by State and Federal law.**

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Alaska Student ID #:** \_\_\_\_\_  
(Last Name, First Name)

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Sex:**  Female  Male

### PART I: STUDENT LANGUAGE BACKGROUND

1. What is the first language learned by the student?       English       Other \_\_\_\_\_  
Specify
2. What language(s) does the student currently use in the home?       English       Other \_\_\_\_\_  
Specify
3. Is this student participating in a student exchange program?       Yes       No
4. How long has the student attended school in the U.S.A.?       3 or more full school years       Less than 3 full school years

### PART II: FAMILY LANGUAGE BACKGROUND (Please complete all columns)

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Home community and State			
2. First language learned			
3. Language(s) spoken to the student			
4. Language(s) spoken in the adult's home			

\*Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.

### PART III: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language, no English	Mostly the other language, some English	The other language & English equally	Mostly English, some of the other language	Only English
A. When the student speaks with <b>family</b> , he/she speaks:					
B. When the student speaks with <b>friends</b> , he/she speaks:					

Parent/Guardian Signature:	Phone Number:
Printed Name:	Date:

