

District 4J Home Language Survey

For Office Use Only: Copy sent to ELL Instructor Copy sent to ELL Office 4J Pupil Number

Student Information

Date: ____/____/____ School: _____
 Student Name: _____ Current Grade: ____
 Date of Birth: ____/____/____ Age: _____ Last Grade student has completed: _____

1. When did this student begin school in the United States? Date: ____/____/____

2. Has this student attended school in any other country? Yes No
 If yes, where: _____
 If yes, when: _____
 If yes, in which language: _____

3. Has this student taken an English Language Learner (ELL) program anywhere in the US? Yes No
 If yes, where: _____
 If yes, when: _____
 If yes, what grade: _____

4. Please fill in these categories for your student
 Language first learned: _____
 Language used most often at home: _____
 Language used most often with friends: _____

Parent Information

5. Is an interpreter needed when the school contacts you? Yes No
 In which language would you prefer to receive messages from school? _____
 In which language would you prefer to hold Parent-Teacher Conferences? _____

If this school does not have someone who can communicate with you in your language, please call the ELL Office at 541-790-7145.

Date ____/____/____	Signature of Parent or Guardian _____	Telephone Number (____) _____ - _____
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