

Glenview School District 34  
1401 Greenwood Road  
Glenview, Illinois 60026  
(847) 998-5000

OFFICE USE ONLY  
Entry/Exit Date \_\_\_\_\_ / \_\_\_\_\_  
Grade/Teacher \_\_\_\_\_  
Student ID \_\_\_\_\_

## **HOME LANGUAGE SURVEY**

**Please complete and return this survey with the registration materials.**

**The Illinois School Code and the Emergency Immigration Act Title V of the Education Amendments of 1984 (P.L. 98-511) requires annual information about children from a non-English background. Your cooperation is needed to meet this information requirement.**

Student's Name \_\_\_\_\_ Male or Female  
(Last) (First)

Address \_\_\_\_\_  
(number) (street name) (apartment #)

Home Phone Number \_\_\_\_\_ Father's Work Phone Number \_\_\_\_\_  
Mother's Work Phone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(mm/dd/yyyy) (City) (State) (Country)

If not born in U.S. what year did child enter U.S. \_\_\_\_\_  
(mm/dd/yyyy)

Name of School Last Attended \_\_\_\_\_ Grade Last Attended \_\_\_\_\_

**PLEASE LIST ANY FAMILY MEMBERS OR FRIENDS WHO SPEAK ENGLISH  
AND WHO CAN BE CONTACTED BY THE SCHOOL.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

1. \*Is a language other than English spoken in your home? \_\_\_\_\_ If yes, what language (s)? \_\_\_\_\_
2. \*Does your child speak a language other than English? \_\_\_\_\_ If yes, what language (s)? \_\_\_\_\_
3. What language do you (parent) use to speak to your child? \_\_\_\_\_
4. What language does your child use when he or she speaks to you? \_\_\_\_\_
5. What was the first language your child learned? \_\_\_\_\_
6. What language does your child use when he or she speaks to his or her friends? \_\_\_\_\_
7. What was the language of instruction at the previous school? \_\_\_\_\_
8. Does your child read in his first language? Yes No Somewhat
9. Does your child write in his first language? Yes No Somewhat
10. Has your child received any instruction in English?  
In the U.S.: Yes No Outside of U.S.: Yes No If yes, for how long? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*If the answer to #1 or #2 is yes, the law requires the school to assess your child's English language proficiency.