**POTENTIAL EL – KEY**

Language Use Survey

The purpose of this survey is to determine if your child’s current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name**: \_\_\_\_\_\_\_\_\_\_(must be complete)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Grade Level**: \_\_\_\_\_\_\_\_\_\_\_\_\_**

School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What language(s) does your child **hear or use** regularly in your household (i.e., spoken, media, music, literature, etc.)? hear\_\_\_\_\_\_\_\_\_\_ use (i.e. American Sign Language (ASL))\_\_\_\_\_\_\_\_\_\_\_\_

IF OTHER THAN ENGLISH – POTENTIAL EL – ADMINISTER SCREENER **(use this language as language of origin if this response is used to determine the need for a language identification screener).**

**For example, if Spanish is listed here – screen for EL and make this language of origin in data system.**

1. Describe the language(s) your child understands.
   1. YES - POTENTIAL EL - ADMINISTER SCREENER
   2. YES - POTENTIAL EL - ADMINISTER SCREENER
   3. YES - POTENTIAL EL - ADMINISTER SCREENER
   4. YES - POTENTIAL EL - ADMINISTER SCREENER
   5. YES - POTENTIAL EL - ADMINISTER SCREENER
   6. NO – DO NOT ADMINISTER SCREENER, UNLESS THERE IS A IS A SIGNIFICANT IMPACT OF ANOTHER LANGUAGE RECORDED IN QUSTION 5
2. What language(s) do **adults** most frequently **use** when speaking to your child?

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other Adults in the Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child-care Providers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IF OTHER THAN ENGLIGH – YES, POTENTIAL EL – ADMINISTER SCREENER

1. What language(s) does your **child CURRENTLY speak/express** most frequently ***outside of school***?

IF OTHER THAN ENGLIGH – YES, POTENTIAL EL – ADMINISTER SCREENER

**Use this language for the language of origin field if question 1 did not trigger a language screener.**

1. This question is for additional information (if student participates in regular cultural activities with to a significant extent)- POTENTIAL EL – ADMINISTER SCREENER

**6.** This question is for additional information that may help determine if the screener needs accessibility supports due to a potential disability.

**Parent Questions: In what language(s) do you want to receive information from the school (if available)? These questions will help the district in providing communication to parents in a language the parents can understand.**

Parent/Guardian:

**Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ American Sign Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian:

**Oral \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ American Sign Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**