



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Assessment, Curriculum, Federal Programs, and Small Schools

Tim Vlasak, Director

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Dear Parents/Guardian,

The district is required by State and Federal law to identify and serve students who may qualify for extra support due to limited English proficiency (English-as-a-second language).

The attached Home Language Survey is required not only as a first step in the screening process, but also to document our compliance with the law. We are required to have one of these forms for each student enrolled in the district.

Part I is required. Parts II-IV are only necessary if there is a language other than English spoken in the home. A signature, contact number, and date are required at the bottom of the form.

If you choose not to divulge the languages spoken in your home, please write REFUSED across the form, and then sign and date the form. Again, this keeps the district in compliance.

Thank you for your cooperation. Please call the Federal Programs department at 907-714-8892, or 907-714-8864, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "TVlasak".

Tim Vlasak, Director
Assessment, Curriculum, Federal Programs
and Small Schools

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: ELL Office 714-8892

**PART I is required. PARTS II-IV are required if there is a language other than English in the home.
SIGNATURE AND CONTACT INFORMATION ARE REQUIRED.**

Student Name: _____ **Alaska Student I.D. #** _____
(Last Name, First Name)

Place of Birth: _____ **Date of Birth:** ____/____/____
Month Day Year

KPBSD School: _____ **Grade:** ____ **Sex:** Female Male

PART I: ELL/LEP HISTORY

1. Has this student been identified in another district as an English language learner (ELL/LEP)? ___ Yes ___ No
 If so, what district? _____ City, State _____

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

	Mother/Guardian	Father/Guardian	Other Significant Adult* Relationship:
1. Language(s) spoken to the student			
2. 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 IV: PARENT VERIFICATION OF LANGUAGE USE (Please check appropriate box)

	Only the other language	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 family , he/she speaks:					
B. When the student speaks with friends , he/she speaks:					

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