

Home Language Survey

The State of Illinois requires our district to give a Home Language Survey to every new student. This information is used to count the students whose families speak a language other than English at home. It also helps identify the need for bilingual and English as a Second Language (ESL) services in our schools.

If the answer to either question #1 or #2 is “yes” the district will assess your child’s English language proficiency. If your child qualifies for services you may choose for him/her to be placed in the English as a Second Language program located at Oakdale Elementary, Kingsley Junior High and Normal Community High School or the Transitional Bilingual Program at Brigham Elementary (Spanish speakers only).

As a parent you have the right to refuse services and your child will attend their home school. If your child has qualified for services and you have refused, the State of Illinois requires our district to test your student once a year using the ACCESS for ELLs™ assessment until the student tests as English language proficient.

Student’s Name: _____

School: _____

1. Does anyone in your home speak a language other than English most of the time?

(Please be specific: Spanish, Mandarin, Telegu, Urdu, etc.)

_____ No _____ Yes Which language? _____

2. Does your child speak a language other than English most of the time?

_____ No _____ Yes Which language? _____

3. Does your child...

...understand English YES NO ...speak English YES NO

...read English YES NO ...write in English YES NO

4. What language does the child speak most often with his/her parents? _____

5. Was your child ever in a Bilingual or ELL/ESL program? YES NO

If yes, please indicate where: _____

6. If your child was born outside of the United States, please list where (school district) and when (date) they first attended school in the United States.

School Where Student First Enrolled In the United States

Date First Enrolled

Parent/Guardian Signature

Date

If questions 1 and/or 2 were answered “Yes,” please fill out the information on the back.

**McLean County Unit District #5
W-APT Screener**

Student Name _____

School _____ Grade _____

Place of Birth _____

Residence Address _____ City/State/Zip Code _____

Phone Number _____

Unit #5 has permission to screen my child's English Language Proficiency to determine eligibility for ELL services as required by the State of Illinois by answering "Yes" to questions 1 and/or 2 on the Home Language Survey.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Date _____

For Office Use Only	
W-APT Screener Information	
Date _____	Screener _____
Location _____	
Results	
W-APT Listening Raw Score _____	W-APT Composite by Level _____
W-APT Reading Raw Score _____	W-APT Speaking Raw Score _____
	W-APT Writing Raw Score _____
Eligibility Determination	
Eligible to receive ELL services	Yes _____ No _____