



East Aurora Schools District 131

Administrative Service Center
231 E. Indian Trail • Aurora, Illinois 60505 • Telephone (630) 299-7255 • Fax (630) 299-7287

Home Language Survey

The Illinois School Code requires that each school district administers a Home Language Survey to every student entering the district's schools. This information is used to report to the state the number of students whose families speak a language other than English. It also helps to identify the need for English Language Learning services in the schools. Please note: If the answer to either question 1 or 2 (or both) is yes, the law requires the school to assess your child's English language proficiency. Your cooperation in helping us meet this important legal requirement is appreciated.

Student First Name _____ Student Last Name _____

Grade _____ Country of Birth _____ Birthdate (month/day/year) _____

1. Does anyone living in your home speak a language other than English?

Yes (What language? _____) No

2. Does your child speak a language other than English?

Yes (What language? _____) No

If you answered yes to either or both questions 1 and 2, please answer all of the questions in the box below.

If you answered no to BOTH questions 1 and 2, please skip the questions in the box and only fill out the information at the bottom of this page.

Please mark (✓) English, Spanish or Other Language(s) for each question.

	English	Spanish	Other Language(s)
What language did your child learn when he or she first began to talk?			
What language does the family speak at home most of the time?			
What language does the parent(s) speak to his/her child most of the time?			
What language does the child speak to his/her parent(s) most of the time?			
What language does the child hear and understand in the home?			
What language does the child speak to his/her siblings most of the time?			
What language does the child speak to his/her friends most of the time?			
Has your child ever been in a Bilingual or ELL/ESL program? <input type="checkbox"/> Yes – What grade (s)? _____ Where? What school/city? _____ <input type="checkbox"/> No			

Print First and Last Name of Person Completing Survey _____

Person Completing Survey: Mother Father Legal Guardian

Parent/Guardian Signature

Phone Number

Date