



Community Unit School District 200

HOME LANGUAGE SURVEY

STUDENT INFORMATION FORM (SIF)

Illinois School Code and the Emergency Immigration Act, Title VI of the Education Amendments of 1984 (P.L.98-511), state that each school district shall administer a home language survey to every student entering the district's schools for the first time.

Student's Name: _____ ID#: _____ Male Female

District 200 School: _____ Grade Entering: _____

Student's Date of Birth: _____ Student's Country of Birth: _____

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

Please answer the questions below:

1. Is a language other than English spoken in the home by parents or guardians?*

Yes No

If "yes", What is your first native language? _____

2. Does the student speak a language other than English with family and/or friends?*

Yes No

If "yes", What language does the student speak with family and/or friends? _____

If both #1 and #2 are answered "No" – STOP. If either are answered "Yes" CONTINUE

3. Which language do you feel your child understands better? _____

4. Date the student first entered the U.S.: _____

5. Has the student ever attended any other U.S. school? Yes No

If "yes" Where? _____ Date Entered U.S. School? _____ Grade Entered: _____

6. Has your child received ESL/Bilingual services before? Yes No

7. What language would you prefer to be contacted in? _____

(Parent/Guardian Signature) *Your Signature certifies that the above information is correct.*

(Date)

* Answering "Yes" to either question #1 or #2 results in an Illinois State mandated English Language proficiency screening.