

**PINELLAS COUNTY SCHOOLS  
HOME LANGUAGE SURVEY**

**ADMINISTER TO EACH NEW STUDENT ENROLLING IN A FLORIDA PUBLIC SCHOOL FOR THE FIRST TIME**

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Date Entered U.S. Schools \_\_\_\_\_ Assigned School \_\_\_\_\_

**The information provided on this form is used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- a. Is a language **other than English** spoken at home? **Yes** \_\_\_ **No** \_\_\_ What language? \_\_\_\_\_
- b. Does the student have a first language **other than English**? **Yes** \_\_\_ **No** \_\_\_ What language? \_\_\_\_\_
- c. Does the student most frequently speak a language **other than English**? **Yes** \_\_\_ **No** \_\_\_ What language? \_\_\_\_\_

**ANY "YES" ANSWERS WILL RESULT IN TESTING TO DETERMINE ELIGIBILITY FOR ESOL SERVICES. BECAUSE OF THE LARGE NUMBER OF STUDENTS TO BE TESTED, THERE MAY BE A DELAY IN TESTING OF UP TO 8 WEEKS. CLASSROOM TEACHERS WILL ADJUST THEIR INSTRUCTION TO MEET THE ELL STUDENT'S NEEDS. EVEN IF YOUR CHILD IS IDENTIFIED AS AN ELL, YOU MAY DECLINE THE PLACEMENT INTO ESOL CLASSES.**

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL USE ONLY**

**If answers to above questions are all NO:** file Home Language Survey in cum folder

**Any YES responses, K-12:** Give HLS to ESOL Teacher or send to ESOL Office for testing

**ESOL USE ONLY**

**English Language Learner (ELL):** Yes No **ELL Status:** LY LF TZ  
**Basis of Entry:** A R L T **Basis of Exit** H I J L

Classification Date \_\_\_\_\_ Entry Date \_\_\_\_\_ Exit Date \_\_\_\_\_  
 Native Language \_\_\_\_\_ Tester \_\_\_\_\_  
 Comments \_\_\_\_\_

TEST NAME	TEST DATE	Title	Level (local) (Lvl) A-B-C-D	Rating (local) (RTG) BEG=1 LIN=2 HIN=3 PRF=4	Scale Score (SS)
Online CELLA (Form 3)		Listening/Speaking			
Other:		Reading			
		Writing			
		Comprehensive/ (Total)			

Check if applies:  
 Pre-K student with "YES" responses: code **LY basis of entry T**