

**Eman Schools**  
**Home Language Survey**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

To be completed by parents upon student enrollment to determine student's status as language minority.

1. What is the native language of the student? \_\_\_\_\_
2. What language(s) is spoken most often by the student? \_\_\_\_\_
3. What language (s) is spoken by the student in the home? \_\_\_\_\_

If a language other than English is indicated for any of the questions above, the student is considered to be a language minority student. Once this determination has been made, and English proficiency assessment must be administered to the student within 30 days of the start of school (or within 2 weeks for late enrollees) and annually thereafter to assess the level (1-5) of English proficiency and measure growth annually. For more information, you can visit the Indiana Department of Education's Division of Language Minority and Migrant Programs website at:

<http://www.doe.state.in.us/lmmp/welcome.html>

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**FOR OFFICE USE ONLY**

Proficiency Test Administered on \_\_\_\_\_

English Proficiency Level (Circle One):    1        2        3        4        5

Name of person who administered the proficiency assessment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_