



# School District of Manawa

“Students Choosing to Excel, Realizing Their Strengths”

800 Beech Street | Manawa, WI 54949 | (920) 596-2525

## PARENT/GUARDIAN HOME LANGUAGE SURVEY ENCUESTA PARA PADRES/CUSTODIOS SOBRE IDIOMA EN CASA

<b>Student Name</b> <i>Nombre del Estudiante</i>	<b>Grade</b> <i>Grado Escolar</i>
<b>Relationship of person completing this survey (X)</b> <i>Relación de la persona completando esta encuesta (X)</i> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Guardian</b> <input type="checkbox"/> <b>Other (specify):</b> <i>Madre</i> <input type="checkbox"/> <i>Padre</i> <input type="checkbox"/> <i>Custodio</i> <input type="checkbox"/> <i>Otro (especifique):</i>	
<b>Where was your child born?</b> <i>¿Dónde nació su hijo(a)?</i>	
<b>What languages are spoken at home?</b> <i>¿Que idiomas se habla en casa?</i>	
<b>What is the first language your child learned to speak?</b> <i>¿Cual es el primer idioma que su hijo(a) aprendió hablar?</i>	
<b>Has your child attended school somewhere other than the United States? (X)</b> <i>¿Su hijo(a) ha asistido a la escuela en otra parte admas de los Estados Unidos? (X)</i> <b>Yes</b> <input type="checkbox"/> <b>Where?</b> <input type="checkbox"/> <b>How many years?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <i>Sí</i> <input type="checkbox"/> <i>¿Dónde?</i> <input type="checkbox"/> <i>¿Cuantos años?</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	
<b>Has your child attended school in the United States? (X)</b> <i>¿Su hijo(a) ha asistido a la escuela en los Estados Unidos?(X)</i> <b>Yes</b> <input type="checkbox"/> <b>Where?</b> <input type="checkbox"/> <b>How many years?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <i>Sí</i> <input type="checkbox"/> <i>¿Dónde?</i> <input type="checkbox"/> <i>¿Cuantos años?</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	
<b>Does your family want translation services? (X)</b> <i>¿Desea recibir su familia los servicios de traducción? (X)</i> <b>Yes</b> <input type="checkbox"/> <b>Written translations</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <i>Sí</i> <input type="checkbox"/> <i>Traducciones escritas</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <b>Oral translations</b> <input type="checkbox"/> <i>Traducciones orales</i> <input type="checkbox"/>	

<b>Signature of Person Completing Survey:</b> <i>Firma de la persona completando la encuesta:</i>	<b>Date:</b> <i>Fecha:</i>
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**For Office Use Only**

*Unicamente para uso de la oficina*

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EL Coordinator reviewed (signature) \_\_\_\_\_

Date \_\_\_\_\_

EL Program Placement Recommended     Yes     No

Cumulative Folder Review date: \_\_\_\_\_

W-APT Screener date: \_\_\_\_\_

ESL Level scored: \_\_\_\_\_

ACCESS Test date: \_\_\_\_\_

ESL Level scored: \_\_\_\_\_

Bilingual/EL Program type:

- |   |   |
|---|---|
| <input type="checkbox"/> No additional services             | <input type="checkbox"/> Heritage language                                |
| <input type="checkbox"/> Content area tutoring              | <input type="checkbox"/> Sheltered English instruction, content-based ELL |
| <input type="checkbox"/> Developmental bilingual            | <input type="checkbox"/> Instruction in English – Structured Immersion    |
| <input type="checkbox"/> Dual language or two-way immersion | <input type="checkbox"/> Pull-out ESL                                     |

Support Delivery Model:

- |   |  |
|---|--|
| <input type="checkbox"/> Inclusionary support | <input type="checkbox"/> Parental refusal for services |
| <input type="checkbox"/> Pull-out             | <input type="checkbox"/> Not applicable                |
| <input type="checkbox"/> Self-contained       |  |

Comments:

Date form processed in Skyward by the EL Coordinator: \_\_\_\_\_

After processing, this form will be sent to the school secretary to be filed in the student's cumulative folder.

Return to the EL coordinator