

**Okaloosa County School District  
Student Intervention Services / ESOL  
Home Language Survey**

MIS 4025  
REV 7/2019

**As required by the Office of Civil Rights and Florida Administrative Code 6A-6.0902, a Home Language Survey must be completed for each student registering for the first time in a Florida public school.**

- This form is required for first time enrollees in a Florida school.
- Do not complete this form if the child has previously attended a school in Okaloosa County.

<b>Student Name:</b>  _____ (Last)                      (First)                      (M)	<b>Today's Date:</b>  _____
<b>Student's Birth Place:</b>  _____	<b>Birth Date:</b>  _____
<b>What date did the student first enter a U.S. school (DEUSS)?</b>  _____	<b>If the student was born outside the United States, how many years of school has the student completed in the U.S.?</b>  <input type="checkbox"/> 0 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 or more years

**English for Speakers of Other Languages (ESOL) Program Eligibility Questions**

If the answer to one or more of the following questions is **yes**, your child will be administered an English language proficiency test in accordance with Florida statutes to determine eligibility for ESOL program services.

<b>1. Is a language other than English used in the home? (Home Language – HM)</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes, the student speaks: _____ If yes, who speaks this language? _____
<b>2. Did the student have a first language other than English? (Secondary Language – SL)</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes, the student's first language was: _____
<b>3. Does the student most frequently speak a language other than English? (Primary Language – PL)</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes, the student speaks: _____

I understand that if I marked yes to any of the questions above, my child will be administered an English language proficiency test in accordance with Florida statutes. I hereby verify that the information I have provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Parent/Guardian Name (Printed)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

<b>For School Personnel Only</b>	
<b>If a <u>yes</u> answer is marked:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Notify your school counselor or school ESOL contact to schedule testing</li><li><input type="checkbox"/> Code LP on 313 Screen and update languages</li><li><input type="checkbox"/> File original form in the student's blue ESOL folder / place copy in cumulative folder</li></ul>	<b>Registrar's Initials</b>  _____
<b>If the student was born outside the U.S. and has been in a U.S. school for fewer than 3 years,</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Update 324 Screen</li></ul>	