

# Hawkins County Board of Education

Matt Hixson  
Director of Schools

200 North Depot Street  
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Phone (423) 272-7629  
FAX (423) 272-2207

English

## Home Language Survey

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

1. What is the first language this child learned to speak? \_\_\_\_\_
2. What language does this child speak most often outside of school? \_\_\_\_\_
3. What language do people usually speak in this child's home? \_\_\_\_\_
4. Where was this child born? \_\_\_\_\_
5. Has your child ever been served by an ESL/ELL program? If so, when and where?  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

School Use Only:      Date Received: \_\_\_\_\_      Received By: \_\_\_\_\_

This form is to be placed in the student's permanent record.

If **any** answers are other than English, **send a copy of this form** to the Federal Projects Office at Central Office (attn. Michelle Harless).

**All scheduling for ELL services will be conducted by Central Office.**

If you have any questions, please call 272-7629 ext. 2019.

It is the policy of the Hawkins County School Board of Education not to discriminate on the basis of gender, race, national origin, creed, age, marital status or disability in its educational programs, activities, or employment policies. This form is required to be completed by all students enrolling in a Hawkins County School. This form is required by Title I, the No Child Left Behind Act, Title III, Title VI, and the Office of Civil Rights.

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Español

## Encuesta sobre el idioma utilizado en el hogar

Nombre del estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre del padre o encargado: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono del trabajo: \_\_\_\_\_ Teléfono del hogar: \_\_\_\_\_

1. ¿Cuál fue el primer idioma que el estudiante aprendió a hablar? \_\_\_\_\_

2. ¿Cuál es el idioma que más habla este niño fuera de la escuela? \_\_\_\_\_

3. ¿Qué idioma hablan usualmente en el hogar del estudiante? \_\_\_\_\_

4. ¿Donde nació este niño? \_\_\_\_\_

5. Su niño(a), ha recibido servicios del programa de ESL/ELL? Si \_\_\_\_\_ No \_\_\_\_\_

Cuando y donde? \_\_\_\_\_

Firma del padre o encargado \_\_\_\_\_

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Notificación de Política Pública del Consejo Escolar Educativo del Condado de Hawkins no discrimina por razón de genero, raza, origen nacional, creencias, edad, estado matrimonial ó impedimento en sus actividades, servicios educativos y oportunidades de empleo.