



Anchorage School District

English Language Learners Program

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4452 • www.asdk12.org/ell/

Dear Parent or Guardian,

Welcome! The Anchorage School District is committed to supporting students who speak or understand languages other than English. English instruction and/or tutoring for other subject areas is provided as needed during regular school hours. Specially trained teachers and tutors who understand, respect and appreciate different languages and cultures will work with eligible students.

In order to help us determine which students may qualify for our program, please take a minute to **complete the attached form**. If a language other than English is indicated, language assessments will be done and families will be notified of the results.

If you have questions, or need help with the form, we will be happy to assist you.

Enjoy your summer, and we look forward to having another great year together in 2017-18!

Sincerely,

Phil Farson, Director
English Language Learners Program

Office staff, please initial:
_____ Parent was given
an ELLP brochure.



PARENT LANGUAGE QUESTIONNAIRE (Home Language Survey)

Anchorage School District

District ID # _____

_____ grade: _____ Date of Birth _____

(school)

If a language other than English is part of a student's language background, state and federal law require us to test his/her English proficiency.

Student name: _____ Place of birth: _____
(last name, first name)

Has this student attended school outside of the U.S.? no yes, in _____
(country)

Circle grades completed outside of the U.S.: K 1 2 3 4 5 6 7 8 9 10 11 12

Date student first entered a U.S. school _____ Participating in an exchange student program? no yes

1. Please list *all languages spoken in this student's home. English other _____
*Do not include languages that your child is learning/has learned in school.

2. What is the first language this student learned to speak? English other _____

If English is the only language above,  please sign and date at the bottom of the form.

If a language other than English is written above, please complete the entire form.

A. What language(s) does this student speak? English other _____

B. What language(s) does this student understand? English other _____

C. What was the first language spoken by mother/guardian? English other _____

D. What was the first language spoken by father/guardian? English other _____

E. Is there another adult who influenced this student's language development? no yes

relationship to student _____ language spoken _____

Parent/Guardian signature _____ Date _____

Parent/Guardian printed name _____