Freeburg Community Consolidated School District #70
408 South Belleville Street
Freeburg, IL 62243

618-539-3188 (Telephone)
618-539-5795 (Fax)

The form must be completed for each student entering the District for the first time. Students who indicate the use of a language other than English may be assessed as to English proficiency. Answers to this survey are useful in determining to administer further tests.

_____ _____
Student's Name (please print) School

Please circle the best answer to each question and provide additional information.

1. Was English the first language the student learned? Yes No
2. Can the student speak a language other than English? Yes No
3. Is any language other than English used at home? Yes No
   If Yes, please indicate language used: _____
4. Which language does the student use most often with parents? English
   Other_____
5. Which language is used most often with relatives? English
   Other_____
6. Which language does the student use most often with friends? English
   Other_____
7. Has the student attended school in a country other than the United States Yes No
   If Yes, please indicate the following: Name of Country_____
   Grades Attended_____
   Language of Instruction_____
8. Has the student attended another school in the United States? Yes No
   If Yes, please indicate the following: Name of School_____
   Name of State_____
   Grades Attended_____
   Language of Instruction_____

Please provide any other related information (i.e. referrals to gifted or special education programs, etc.):

_____

_____
Parent/Guardian Name (please print)

_____ _____
Signature Date