

Williams Bay School District

P.O. Box 1410
Williams Bay, WI 53191
www.williamsbayschools.org

Student First Name: _____ Student Middle Initial: _____

Student Last name: _____ Grade: _____ DOB: ___/___/___

Parent/Guardian Information

First Name	Last Name	Relationship to Student

Parent/Guardian Signature: _____

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Section 1

1. Was the first language used by this student English? (Circle) Yes No

Yes: Go to Question 2

No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time? (Circle) Yes No

Yes: Go to Question 3

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time? (Circle) Yes No

Yes: Go to Section 2.

No: Go to Question 4.

4. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time? (Circle) Yes No

Yes: Go to Section 2.

No: Go to Question 5.

5. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time? (Circle) Yes No

Yes: Go to Section 2.

No: Go to Question 6.

6. Is this student a Native American, Native Alaskan, or Native Hawaiian? (Circle) Yes No

Yes: Go to Question 7.

No: Go to Question 8.

7. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian? (Circle) Yes No

Yes: Go to Section 2.

No: Go to Question 8

8. Has this student recently moved from another school district where they were identified as an English Learner? (Circle) Yes No

Yes: Student's ELP should be carried over from the sending district.

No: Go to Section 2.

Section 2

Languages other than English used by student, if identified: _____

Parental preference for languages used for school communications (may be multiple):

Parent name: _____

Parent name: _____

Oral: _____

Oral: _____

Written: _____

Written: _____