

SOUTH PLAINFIELD PUBLIC SCHOOLS

LANGUAGE CENSUS FORM

STUDENT NAME _____ **GRADE** _____ **SCHOOL** _____

HOME ADDRESS _____ **PHONE #** _____

Grade and date of Public School entry in the United States _____

1. What language(s) is spoken at home? _____

2. What language(s) did your child first learn to speak? _____

3. Has the student participated in an ESL/bilingual program in a previous school? _____ Yes _____ No

Name of School _____ Date _____

I understand that if a language other than English is spoken in the home the student's records will be reviewed, and if a skill deficiency is present he/she will be screened for the ESL Program.

Parent/Guardian's Signature DATE _____

OFFICIAL USE ONLY

Assessment Date _____

1. Most recent Terra Nova Test Score: Total Reading (Nat. Pctl.) _____ Date _____

2. Most recent NJASK/GEPA/HSPA score: Reading _____ Math _____ Date _____

3. Other standardized achievement test information: Name of test _____

Level _____ Date of test _____ Total Reading (Nat. Pctl.) _____

4. Is this student performing below, on, or above grade level in reading? _____

5. What does the student's most recent report card indicate about reading achievement?

Reading instructional level _____ Reading grade _____

6. LAB/MAC Form/Level _____ Raw Score _____ Date of Testing _____

Recommended: ESL _____ Supplemental ESL _____ R/W Lab _____ Math _____ Reading _____

Not Recommended _____

7. Is this student Classified (Special Education)? _____

Will this student receive Basic Skills Improvement Program Services?

Reading _____ Writing _____ Math _____