

PRIMARY HOME LANGUAGE OTHER THAN ENGLISH (PHLOTE) SURVEY



Intensive English Program

Youngstown City Schools

Curriculum Department

20 West Wood Street Youngstown, Ohio 44503



Si no entiendes el inglés, por favor de completar el otro lado.

****Please answer all sections and questions***

(Revised 8/2014)

Student Name: _____				
Family Name	First Name	Middle Initial	Grade	School of Enrollment

Date of Child' Birth: _____ / _____ / _____			Home Phone (Including Area Code) _____		Work Phone (Including Area Code) _____		Cell Phone (Including Area Code) _____		
Month Day Year									
Child's Place of Birth: _____									
City			State			Country			
Name of Parent/Guardian: _____									
Family Name			First Name			Country of Birth			
Home Address: _____									
Address or Apt #			City			State		Zip Code	

1. Is there another language other than English spoken by a family member who lives in your home? (circle one) **YES NO**
2. If you responded **Yes** to question 1, identify the language spoken. _____
How is the person related to the child you are enrolling? _____
3. If you responded **No** to question 1, skip remaining questions and sign. **If you responded YES to question 1, please complete entire form.**
4. If your child was not born in the U.S., in which month & year did he/she come to the USA? Month _____ Year _____
5. When did you first register your child in U.S. schools? Month _____ Year _____ Which State? _____ In which grade? _____
6. In your **native language** does your child demonstrate the ability to: SPEAK? _____ COMPREHEND? _____ READ? _____ WRITE? _____
7. In **English**, does your child demonstrate the ability to: SPEAK? _____ COMPREHEND? _____ READ? _____ WRITE? _____
8. What language did your child **first learn** to speak? _____
9. What language is most often spoken at home by **adults**? _____ What language does your **child** use most frequently at home? _____
10. What language do **you** use **most frequently** to speak to your son/daughter? _____ Who in your home reads **English**? _____

Signature of Parent/Guardian

Date

If your child is tested and qualifies for language services, you will be notified of the results and asked for permission to allow your child to receive support within his/her classroom.

Secretaries, please note: If the responses to the above questions are anything other than English, please forward a copy to the attention of: Natalie Griffin, Curriculum Department / Intensive English Program, Irene Ward Bldg; and, if you have an Intensive English Program in your building, make sure the teacher or an Educational Assistant receives a copy, also. Otherwise, **if the only language identified to the questions is English, do not** forward and place the questionnaire in the student's Cumulative Record. By law, students must be identified within 2 weeks of entering school, so please make sure this information is passed on in a timely manner. Thank you. If you have any questions, please call 330-744-8779/744-6985.

