ESOL POTENTIALLY ENGLISH-PROFICIENT QUESTIONNAIRE

Last Name	First	MI	Preferred	Date of Birth

Immigrant Status

Immigrant ____

Non-immigrant ____

Refugee ____

US Citizen ____

School Contact Person Phone

Date of Entry into US: _____ Spoken Language(s): _____

What was the first language the student learned to speak? _____

What language does the student most often use for speaking? _____

What language is most often spoken in the student's home? _____

Need interpreter: [ ] Yes [ ] No Language: _____

Parent(s)/Guardian(s) reads English: [ ] Yes [ ] Somewhat [ ] No

Home address City State/Zip Phone

EDUCATIONAL BACKGROUND

Did the student attend school in his/her country? [ ] Yes [ ] No

How many years? _____

Did the student attend school prior to coming to the US? [ ] Yes [ ] No

Please circle years completed if yes? K 1 2 3 4 5 6 7 8 9 10 11 12

Can the student read and write in language other than English? [ ] Yes [ ] No

Which language? _____

Has the student enrolled in an ESOL/ESL or Bilingual Program at another school? [ ] Yes [ ] No

When _____ For how long? _____

Are there any on-going evaluations pending on this student: [ ] Hearing/Vision Screening

[ ] EST Process [ ] Special Education Placement [ ] Other _____

Did this process originate [ ] in Fulton County -or- [ ] in the previous school?

Date Received: _____

A copy of this form must be placed in both the permanent and ESOL folders.

9/5/07