



Anchorage School District

Education Center

5530 E. Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4000 • www.asdk12.org

Dear Parent or Guardian,

Welcome! The Anchorage School District is committed to supporting students who speak or understand languages other than English.

The purpose of this form is to find students who might qualify for the ELL Program. If a language other than English is indicated on the form, school or district staff will assess your child using an English language assessment and families will be notified of the results. Specially trained teachers and tutors who understand, respect, and appreciate different languages and cultures will work with eligible students to support their success in school.

If you have questions or need help with the form, we will be happy to assist you.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Lafferty'.

Bobbi Lafferty
English Language Learner Program Director
907-742-4452

Educating All Students for Success in Life

Anchorage School Board Margo Bellamy, President

Carl Jacobs, Vice President

Dora Wilson, Clerk

Kelly Lessens, Treasurer

Dave Donley

Pat Higgins

Andy Holleman

Superintendent Dr. Jharrett Bryant

Revised 4/24



This form should be placed in the student's cumulative file.

PARENT LANGUAGE QUESTIONNAIRE

(Home Language Survey)

ELL staff initial _____
Parent was given an ELLP brochure

Anchorage School District

(school)

Grade: _____

District ID #: _____
Date of Birth: _____

If a language other than English is part of a student's language background, state and federal law require us to test his/her English proficiency.

Student name: _____
(last name, first name)

Place of birth: _____
(Country)

Has this student attended school outside of the 50 United States?	<input type="checkbox"/> No.	<input type="checkbox"/> Yes, in _____ (country)
Circle grades completed <u>outside of the U.S.</u> :	K 1 2 3 4 5 6 7 8 9 10 11 12	
Date student first entered a U.S. school: _____	Participating in an exchange student program?	<input type="checkbox"/> No <input type="checkbox"/> Yes

1. What is the primary language used in the home, regardless of the language spoken by the student? English Other _____
2. What is the first language this student learned to speak? English Other _____
3. What is the language most often spoken by the student? English Other _____

If English is the only language above,  please sign and date at the bottom of the form.
If a language other than English is written above, please complete the entire form.

- A. What language(s) does this student speak? English Other _____
*Do NOT include languages that your child is learning/has learned in school
- B. What language(s) does this student understand? English Other _____
- C. What was the first language spoken by mother/guardian? English Other _____
- D. What was the first language spoken by father/guardian? English Other _____

E. Is there another adult who influenced this student's language development?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Relationship to student: _____	Language spoken: _____	

Parent/Guardian signature: _____ Date: _____

Parent/Guardian printed name: _____