



Anchorage School District

English Language Learner Program

5530 E Northern Lights Blvd. • Anchorage, AK 99504 • 907-742-4452 • www.asdk12.org/ELL

Dear Parent or Guardian,

Welcome! The Anchorage School District is committed to supporting students who speak or understand languages other than English. Specially trained teachers and tutors who understand, respect and appreciate different languages and cultures will work with eligible students.

In order to help us determine which students may qualify for our program, please take a minute to complete the attached form. If a language other than English is indicated, language assessments will be done and families will be notified of the results.

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

Sincerely,

Christine Garbe
Director English Language Learner Program
907-742-4452

Educating All Students for Success in Life

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

EL staff, please initial:
Parent was given
an ELLP brochure.

PARENT LANGUAGE QUESTIONNAIRE
(Home Language Survey)

Anchorage School District

District ID #

grade:
(school)

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:

Has this student attended school outside of the U.S.? no yes, in (country)

Circle grades completed outside of the U.S.: 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? no 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? no yes

relationship to student language spoken

Parent/Guardian signature Date

Parent/Guardian printed name