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
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: ___________________________  Place of birth: ___________________________

Has this student attended school outside of the U.S.? □ no □ yes, in ___________________

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 __________________________________________________________