

Our Lady of Grace Catholic School
**LIMITED ENGLISH PROFICIENT-
LEP**



(A completed form must be in every student's file)

Date: _____ School: _____

ID #: _____ Grade: _____

Student's Name: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: ____ / ____ / ____ Place of Birth: _____
(Month) (Day) (Year) (City) (State) (Country)

Name of Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. Has your child attended another school in the United States? _____
If YES, which school and where located? _____

For School Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.