



Special Programs

****ATTENTION SECRETARIES****
If student qualifies for Migrant Ed. Program, the student automatically qualifies for FREE Breakfast/Lunch. They **DO NOT** need to fill out a F/R app.

Home Language Survey/ Placement Data

Name: _____ / _____ / _____ School: _____
 First Middle Last
DOB: _____ / _____ / _____ Age: _____ Gender: _____

For WASL: When did student first enter a U.S. school: mo. _____ yr. _____ Where? _____

For Home Language Survey:

- 1. Yes [] No [] Is a language other than English the primary language used in your home?
 - 2. Yes [] No [] Is your child's primary language a language other than English?
- If yes, list languages Spanish [] Other [] _____

If you answered "yes" to either of the two questions above, please complete the information below, including questions A and B.

Parent or guardian's Name Phone Number

Student's Country of Birth: [Mexico] [USA] [Other] _____

Parent or Guardian's Signature Date

Reference to WAC392-160-005

- "primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.
- "Eligible student" means any student who meets the following two conditions:
 - a) The primary language of the student must be other than English; and
 - b) The student's English skills must be sufficiently deficient or absent to impair learning.

For STBP EOY report:

- A. _____ How many months has the student attended school in the United States (grades K-12) before enrolling in this district? (Less than 36 months = early immigrant status)
- B. _____ How many months has the student received formal education in his/her native language (equivalent to grades K-12) before enrolling in this district?

Guidance

- One (1) school year= ten (10) months
- Formal education does not include refugee camp schools or other unaccredited programs for children
- Native Language refers to the family's L1 or dominant language

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Date Tested _____ Tested By: _____ For SY: _____

Migrant Qualified: [Yes] [No]
Bilingual Qualified: [Yes] [No]
Homeless Qualified [Yes] [No] [Referred]

Composite Scale Score: _____ WLPT Level: 1 2 3 4

New to Prgm [] **Continuing in Prgm** []
Exempt from WASL [Yes] [NO]
 Bldg entry Date: _____ Grade: _____
 District #: _____
 Skyward Entry Date/Initials: _____
 Initial Placement date LEP _____
 *EIEP=Early Immigration Education Program
Qualified: [Yes] [No]

New to WSD: [Yes] [No]
 *******Previous School/S.D.** _____

Comment:
 Referred to Newcomers: Pioneer WHS