

Henrico County Public Schools
Primary Home Language Screening Form



Under provisions of the Civil Rights Act of 1964, each child's dominant language must be identified in order for schools to provide meaningful instruction for all students. Your cooperation in fulfilling this requirement is appreciated.

Section A:

School: _____ Registrar or Designee (please print): _____

Child's Name: _____ Grade level: _____

Date of Entry into: U.S.A. U.S. School VA School HCPS

Parent/Guardian Name: _____

Registrar or Designee Signature: _____ Date: _____

Section B:

1. What is the primary language used in the home, regardless of the language spoken by the student?
2. What is the language most often spoken by the student?
3. What is the language that the student first acquired?

*4. In which language would you prefer to receive written school communication? _____

*5. In which language would you prefer to receive oral communication? _____

Parent/Guardian Signature: _____

If the response to **any** one of the **first 3 questions** is a language other than English, your child will be referred to the Welcome Center for registration and language assessment. Based on the results of the assessment, your child may be eligible for services in the English as a second language (ESL) program at his/her school.

For Registrars Only:

- If the answer to any of the first four questions in Section B is a language other than English, the registrar refers the parent/guardian to the Welcome Center.
- Registrars must enter responses to questions 4 and 5 into PowerSchool.

PLEASE SCAN A COPY OF THIS DOCUMENT TO THE WELCOME CENTER IF A PARENT RESPONDS TO ANY OF THE FIRST FOUR QUESTIONS IN SECTION B WITH A LANGUAGE OTHER THAN ENGLISH. PLEASE HAVE THE PARENTS CALL THE CENTER AT 804-527-4604 TO SET UP AN APPOINTMENT. PLACE A COPY OF THIS FORM IN THE CHILD'S CUMULATIVE FOLDER