

Nebo School District  
ALTERNATIVE LANGUAGE CLASSIFICATION  
PRIMARY HOME LANGUAGE OTHER THAN ENGLISH (PHLOTE)

SCHOOL SECRETARY OR PARENT

Note: This form must be completed for every student who speaks a language other than English or who comes from a home where a language other than English is spoken. (refer to school registration card) This does not include students or parents who have learned a foreign language by taking classes or by other means.

Date      /      /      School                                  grade      Birthdate      /      /       
*Fecha M D Y Escuela grado fecha de nac. M D Y*

Last Name                                  First Name                                  In.      Sex M  F   
*Apellido Nombre In. Sexo*

Address    City                                   
*Dirección Ciudad*

Telephone                                  years of education completed   
*Teléfono años completos de estudios*

School last attended (school, city, state)     
*Ultima escuela que asistió (escuela, ciudad, estado)*

Student's Country of Birth    US entry date      /      /       
*Pais donde nació el estudiante Fecha que entró a EE UU M D Y*

1- Language spoken in home: student                  father                  mother                  guardian                   
*Idioma que se habla en el hogar: estudiante padre madre guardian*

2- What language does the student speak most often?     
*¿Cual idioma habla el estudiante más frecuentemente?*

3- What was the first language the student learned to speak?     
*¿Cual fue el primer idioma que habló el estudiante?*

4- In what language do you prefer to receive notes from school?     
*¿En cual idioma preferiría recibir correspondencia de la escuela?*

5- Did you move into the area with the intent to work in agriculture?      yes      no  
*¿Llegó a ésta área con la intención de trabajar en agricultura?*

ALS DEPARTMENT *para uso escolar solamente*

<p><b>Initial test results</b> <u>    </u> <b>QIA</b></p> <table border="0"> <tr> <td><b>N</b></td> <td><b>L</b></td> <td><b>F</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>.....Speaking</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>.....Listening</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>.....Reading</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>.....Writing</td> </tr> </table> <p>N=Non, L=Limited, F=Fluent</p>	<b>N</b>	<b>L</b>	<b>F</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....Writing	<p><b>LEP Category</b></p> <p><input type="checkbox"/> 1- Entering</p> <p><input type="checkbox"/> 2- Emerging</p> <p><input type="checkbox"/> 3- Developing</p> <p><input type="checkbox"/> 4- Expanding</p> <p><input type="checkbox"/> 5- Bridging, PHLOTE only, non LEP</p>
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Initial test given by    date      /      /     

Comments