

**Arizona Department of Education**

Office of English Language Acquisition Services

**Home Language Survey**

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home most of the time?** Click here to enter text.

**2. What language does the student speak most of the time?** Click here to enter text.

**3. What language did the student first speak or understand?** Click here to enter text.

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| **Student Name:** Click here to enter text. **District Student ID:** Click here to enter text.  **Date of Birth:** Click here to enter text. **SSID:** Click here to enter text.  **Parent/Guardian Signature:** Click here to enter text. **Date:** Click here to enter text.  **District or Charter:** Click here to enter text.  **School:** Click here to enter text. |

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B) (1), (2) (a-c). (Revised 01-2020)

Office of English Language Acquisition Service

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OMB Number: 1810-0021

Expiration Date: 05/03/2016

U.S. DEPARTMENT OF EDUCATION

OFFICE OF INDIAN EDUCATION

WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A Subpart 1

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| **Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.**  ***Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.***  **NAME OF CHILD:** Click here to enter text. **Date of Birth:** Click here to enter text. **(As shown on school enrollment records)**  **School Name:** Click here to enter text. **Grade:** Click here to enter text.  **NAME OF TRIBE, BAND OR GROUP:** Click here to enter text.  **Tribe, Band or Group is: (check one)**  **Federally Recognized State ☐Terminated Organized Indian Group**  **☐Including Alaska Native ☐Recognized Meeting #5 of the**  **☐ Definition Above**  **Name of individual with tribal membership:** Click here to enter text.  **Individual named is (check one):** Child Child's Parent Child's Grandparent  **Proof of membership, as defined by tribe, band, or group is:**  **A. Membership or enrollment number (if readily available)** Click here to enter text.**OR Other (explain)** Click here to enter text.  **Name and address of organization maintaining membership data for the tribe, band or group**: Click here to enter text.  I verify that the information provided above is accurate:  **PARENT'S SIGNATURE:** Click here to enter text. **DATE:** Click here to enter text.  **Mailing Address:** Click here to enter text. **Telephone:** Click here to enter text.  Notice: Public Reporting Burden Notice on Reverse Side |

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| PAPERWORK BURDEN STATEMENT |
| According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335. |