

Home Language Survey

Student Information

Student Name: _____ Birth date: _____ Age: _____

Address: _____ Home School: _____ Date: _____

Phone Numbers: (Home) _____ (Cell) _____ (Other) _____

In which language do you wish to receive school communication? English ___ Other _____

Survey Questions

Question 1

What was the first language used by the student? _____

(A language other than English, proceed to **2a**. English, proceed to **2b**.)

Question 2a

At home, does the student hear or use a language other than English more than half of the time? _____

(Yes, proceed to question 7. No, proceed to question 4.)

Question 2b

At home, does the student hear or use a language other than English more than half of the time? _____

(Yes, proceed to question 4. No, proceed to question 3.)

Question 3

Does the student understand a language other than English? _____

(Yes, proceed to question 4. No, no need to proceed. Survey is complete.)

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half the time? _____

(Yes, proceed to question 7. No, proceed to question 5.)

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half the time? _____

(Yes, proceed to question 8. No, proceed to question 6.)

Question 6

Has the student recently moved from another district/charter school where he/she was identified as an English language learner? _____

(Yes, proceed to question 7. No, no need to proceed. Survey is complete.)

Question 7

What are the home languages spoken?

For Office Use Only

8. Proceed to Step 2: Records Review Process (To be completed by certified staff only)

9. Do not proceed to Step 2: Records Review Process. Home Language Survey is complete.
Student is not an English Language Learner (ELL).