



## HOME LANGUAGE SURVEY

### Student Information

Student Name:		Student birth date:	
Street Address:			
City:	State:	Zip Code:	Phone Number:

### Survey Questions

<b>1. What was the first language used by the student?</b>  English <input type="checkbox"/> Proceed to <b>Question 2A.</b> OR A language other than English. <input type="checkbox"/> Proceed to <b>Question 2B.</b>	
<b>Question 2A</b> At home, does the student hear or use a language other than English more than half of the time?  Yes. <input type="checkbox"/> Proceed to question 4. OR No. <input type="checkbox"/> Proceed to question 3.	<b>Question 2B</b> At home, does the student hear or use a language other than English more than half of the time?  Yes. <input type="checkbox"/> Proceed to question 7. OR No. <input type="checkbox"/> Proceed to question 4.
<b>3. Does the student understand a language other than English?</b>  Yes. <input type="checkbox"/> Proceed to question 4. OR No. <input type="checkbox"/> <b>STOP</b> You have completed the form.	
<b>4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?</b>  Yes. <input type="checkbox"/> Proceed to question 7. OR No. <input type="checkbox"/> Proceed to question 5.	
<b>5. When interacting with caregivers other than parents or guardians, does the student use a language other than English more than half of the time?</b>  Yes _____ No _____	
<b>6. Has the student recently moved from another school district/charter school or another state in the United States where he/she was identified as an English language learner?</b>  Yes _____ No _____	
<b>7. What are the languages spoken at home?</b>	
Signature:	Date: