

## HOME LANGUAGE SURVEY

(To be completed if a language other than English is spoken in the home.)

STUDENT INFORMATION			
Student Name (Last Name, First Name, Middle Initial):		Grade:	
Student Place of Birth:		Student Birthdate/Age:	
School Last Attended (Name of School & Country):		Student Date of Entry into US:	
Years in a non-US Educational Setting (excluding preschool):		Years in a US Educational Setting (excluding preschool):	
Years English was Studied:		Years in a Preschool Education Setting:	
Primary Parent/Adult Guardian (Last Name, First Name, Middle Initial):		Primary Adult Birthplace:	
Secondary Parent/Adult Guardian (Last Name, First Name, Middle Initial):		Secondary Adult Birthplace:	
<b>Relationship of Person Completing Survey:</b>			
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other <i>Specify:</i>
Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.			
<b>HOME LANGUAGE SURVEY:</b>		ENGLISH	OTHER
		Other Language(s):	
1. What language is <b>spoken</b> in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language does the parent(s) <b>speak</b> to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What language does the child <b>speak</b> to her/his parent(s) most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child <b>speak</b> to siblings most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does the child <b>speak</b> to her/his friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
6. What language does the child <b>hear</b> and <b>understand</b> in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Can an adult family member or extended family member <b>speak</b> English?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Can an adult family member or extended family member <b>read</b> English?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STUDENT LANGUAGE SURVEY:</b>		YES	NO
		If NO, what Language?	
1. Can the student <b>read</b> English?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Can the student <b>understand</b> English?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Can the student <b>speak</b> English?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Can the student <b>write</b> in English?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has the student been tested for "English Language Learner" services?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, circle level: 1 2 3 4 5 6
6. Is the student currently receiving for "English Language Learner" services?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SIGNATURE REQUIRED:</b>			
SIGNATURE OF PARENT/LEGAL GUARDIAN:  ➤			DATE SIGNED:
<b>TO BE COMPLETED BY ELL STAFF</b>			
ELL File Opened:	ELL Test Date:	ELL Level:	ELL Evaluator: