



# HOME LANGUAGE SURVEY

State requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Name of student	Date
Address	Phone
Birthday	Current Grade Level
Number of years lived in the USA	Number of years received ELL services

1. Does the student speak a language other than English? Yes  No   
**If the answer is "yes", please continue with the rest of the survey. If the answer is "no", please discontinue filling out the survey.**

2. What other language does the student speak? \_\_\_\_\_

3. What languages are spoken in the following situations?

	English	Spanish	Other _____
Student speaks to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents speak to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student speaks to siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student speaks to friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is there anybody in the home that speaks English? Yes  No

5. In your opinion, how well does the student understand, speak, read and write in English?

	Very well	A little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How long has your child lived in the United States? \_\_\_\_\_

7. How many times has your child moved in the last three years? \_\_\_\_\_

8. Has your child participated in any of these programs?

- Transitional Bilingual Program (TBE)
- Transitional Program of Instruction (TPI)
- Dual Language
- Special Education
- English as a Second Language (ESL)
- Other: \_\_\_\_\_ (please specify)

9. What grade levels has your child completed **outside** the USA? (Circle all that apply)  
 None    Preschool: one year    two years    K 1 2 3 4 5 6 7 8 9 10 11 12

10. What grade levels has your child completed **within** the USA? (Circle all that apply)  
 None    Preschool: one year    two years    K 1 2 3 4 5 6 7 8 9 10 11 12

Signature of Parent/Guardian/Other \_\_\_\_\_ Date \_\_\_\_\_