



Home Language Survey  
(For students new to the district)

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

AGE \_\_\_\_\_ SCHOOL BUILDING \_\_\_\_\_

In order to determine those students who are potentially eligible for special instruction in English as a second language, we are requesting the following information:

1. Is English the first language that the student learned to speak?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. Is English regularly (most of the time) spoken in the home?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, what is the language spoken at home? \_\_\_\_\_

.....  
If the response to either or both of the above questions is NO, please answer the following questions:

How many years has the student gone to school in the United States? \_\_\_\_\_

Please assess the student's English language proficiency (in your opinion)/ Check any that apply:

\_\_\_\_\_ Speaks no English

\_\_\_\_\_ Reads no English

\_\_\_\_\_ Speaks limited English

\_\_\_\_\_ Reads limited English

\_\_\_\_\_ Speaks English well

\_\_\_\_\_ Reads English well

\_\_\_\_\_ Writes no English

\_\_\_\_\_ Writes limited English

\_\_\_\_\_ Writes English well

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Return to the office of the School Principal