

Date:

HOME LANGUAGE SURVEY	
Student's Name	Grade
Relationship of Person Completing Survey <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify _____)	

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate

	English	Other Language(s)
1. What language did the child learn when she or he first began to talk?		
2. What language does the family speak at home most of the time?		
3. What language does the parent(s) speak to her/his child most of the time?		
4. What language does the child speak to her/his parent(s) most of the time?		
5. What language does the child hear and understand in the home?		
6. What language does the child speak to her/his brothers/sisters most of the time?		
7. What language does the child speak to her/his friends most of the time?		
	YES	NO
8. Can an adult family member or extended family member speak English?		
9. Can they read English?		
10. Do the parents/guardians request oral and/or written communication from the school to be in English?		
If no, in what language?		

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Signature of Person Completing Survey

FOR STAFF COMPLETION: TO BE COMPLETED FOR ALL NEW STUDENTS		
ELP screener needed? (EG: W-APT) <input type="checkbox"/> YES <input type="checkbox"/> NO	WIDA proficiency level:	Other assessment/achievement data:
Evaluator	Date:	Meets state criteria for identification as LEP? <input type="checkbox"/> YES <input type="checkbox"/> NO

