

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
Home Language Survey

If the answer is yes to any of these questions, the student will be screened/tested for English proficiency.

Student Name _____ Date _____

School _____ Grade _____ Date of Birth _____

Birthplace _____ Parent/Guardian Name _____

Date Entered United States School _____

Please Check **YES** or **NO** for each of the following questions:

1. Is a language other than English used in the home?

____ Yes ____ No If Yes, what language _____

2. Did the student have a first language other than English?

____ Yes ____ No If Yes, what language _____

3. Does the student most frequently speak a language other than English?

____ Yes ____ No If Yes, what language _____

Signature of Person Completing Survey _____ Date _____

Relationship to student: ____Mother ____Father ____Guardian ____Other (specify _____)