

OCEANPORT SCHOOL DISTRICT

Home Language Survey

Student name: _____ Student birth date: _____

Student address: _____

Parent/Guardian: _____

Parent/Guardian phone number: _____

1. What was the first language used by the student? _____

2. At home, does the student hear or use a language other than English more than half of the time? Circle one: Yes No

3. Does the student understand a language other than English? Circle one: Yes No

4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time? Circle one: Yes No

5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time? Circle one: Yes No

6. Has the student recently moved from another school district/charter school where he/she was identified as an English language learner? Circle one: Yes No

If "Yes" is the answer for questions 2, 3, 4, 5, or 6, indicate the student's home language to finish the survey. _____