

Student Name: _____

Student Grade: _____

HOME LANGUAGE SURVEY *Please answer the following questions for each student*

Is a language other than English spoken in the home on a regular basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES , what language(s)? _____
Does the student use language other than English on a regular basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES , what language(s)? _____
Is the student currently receiving "English Language Learner" services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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