

OCEANPORT SCHOOL
DISTRICT

Home Language
Survey

Student name: _____

Student Date of Birth: _____

Student address: _____

Parent/Guardian: _____

Parent/Guardian phone number: _____

What was the first language used by the student? _____

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

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

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**

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**

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. _____