EGG HARBOR CITY PUBLIC SCHOOLS
SPECIAL PROJECTS DEPARTMENT
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HOME LANGUAGE SURVEY

Student Information

Student Name:			
Student Birth Date:		Grade:	
Parent Name:			
Phone Number:			

Question 1

What was the first language used by the student?	If language other than English, proceed to Question **2a**.
	If English, proceed to Question **2b**.

Question 2a

At home, does this student hear or use a language other than English more than half of the time?	
	Yes. *Proceed to Question **7**.*
	No. *Proceed to Question **4**.*

Question 2b

At home, does this student hear or use a language other than English more than half of the time?	
	Yes. *Proceed to Question **4**.*
	No. *Proceed to Question **3**.*

Question 3

Does this student understand a language other than English?		Yes. *Proceed to Question **4**.*
		No. ***Thank you - survey is complete***

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half the time?		Yes. *Proceed to **7**.*
		No. *Proceed to Question **5**.*

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half the time?		Yes. *Proceed to **7**.*
		No. *Proceed to Question **6**.*

Question 6

Has the student recently moved from another schools district/charter school where he/she was identified as an English language learner?		Yes. *Proceed to **7**.*
		No. ***Thank you - survey is complete***

7. List home language(s) spoken.

Thank you - survey is complete

Please provide this form to the registrar at time of registration.