



IRVINGTON PUBLIC SCHOOLS

Home Language Survey (HLS)

Date of registration _____

Name of student _____

Date of birth _____

City & country of birth of the child _____

Address of residence _____, Irvington, NJ 07111

Name(s) of parent(s)/guardian(s)

Mother / Guardian _____

Father / Guardian _____

Phone number(s) _____

Emergency phone number(s) _____

Parent/Gardian Signature

STEP 1

Question 1

What was the first language used by the student? _____

A language other than English. (Proceed to question **2a**.) Or English. (Proceed to question **2b**.)

Question 2a

At home, does the 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 the 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 the student understand a language other than English?

_____ **Yes.** (Proceed to question **4**.) _____ **No.** (Proceed to question **9**.)

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

_____ **Yes.** (Proceed to question **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 of the time?

_____ **Yes.** (Proceed to question **8**.) _____ **No.** (Proceed to question **6**.)

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

_____ **Yes.** (Proceed to question **8**.) _____ **No.** (Proceed to question **9**.)

Question 7

What are the home languages spoken? List below. (Proceed to question **8**.)

Question 8

Student is an English Language Learner (ELL). **Go to Step 2.**

Question 9

Student is not an English Language Learner (ELL). **Survey Completed.**

STEP 2

Records Review Process (To be completed by NJ ESL Certified Staff only)
(Reference [ESSA ELL Entry and Exit Guidance](#), p. 4).

Copy of HLS provided to English as a Second Language (ESL) Teacher on _____ (Date)

ESL Teachers Name

ESL Teachers Signature

Date of WIDA ID Exam: _____

Overall Score: _____

Please Note:

In accordance with ESSA §1112(e)(3), parents/guardians must be notified of program placement by mail within 30 days of the beginning of the school year or 14 days from the time of identification for mid-year enrollees. The notice must be in English and in the language in which the parents/guardians possesses a primary speaking ability.

NOTES OF IMPORTANCE OR SPECIAL CIRCUMSTANCES:

In compliance with NJDOE a Home Language Survey must be on file for all students in district. If a second language is spoken at home the child must be tested for English Proficiency by a certified ESL Teacher using the appropriate district and state approved Diagnostic tests.

FOR OFFICE USE ONLY: (THIS INFORMATION IS COMPLETED BY SCHOOL STAFF ONLY)

Student Identification Number: _____

District Attendance Zone: _____

Center/School: _____

Level/Grade (*circle one*): UN P3 P4 1 2 3 4 5 6 7 8 9 10 11 12