



Registrar Initials _____

BAYONNE PUBLIC SCHOOLS

Home Language Survey

Last Name _____ First Name _____ Student ID _____
DOB _____ Age: _____ Place of Birth _____
Address: _____ Phone Number: _____
Date of Entry to US _____ Date of Entry into US School _____ Date of Entry into Bayonne School _____

PLEASE SELECT THE ANSWER FOR EACH QUESTION AND FOLLOW THE DIRECTIONS.

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

- English **Proceed to question 2b**
 Other [specify] _____ **Proceed to question 2a**

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**

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**

3. Does the student understand a language other than English?

- Yes **Proceed to question 4**
 No **Proceed to question 9**

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**

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 6**
 No **Proceed to question 6**

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 7**
 No **Proceed to question 7**

7. List home languages spoken and proceed to question 8.

8. PROCEED TO STEP 2: RECORDS REVIEW PROCESS. HOME LANGUAGE SURVEY IS COMPLETE.

9. DO NOT PROCEED TO STEP 2, RECORDS REVIEW PROCESS. HOME LANGUAGE SURVEY IS COMPLETE. STUDENT IS NOT AN ENGLISH LANGUAGE LEARNER (ELL).

Parent Signature: _____ Date: _____