



# Craven County Schools HOME LANGUAGE SURVEY

Student # \_\_\_\_\_

**Directions:**

- Administer once to every student enrolled in Craven County. It is the principal's responsibility to make sure the Home Language Survey is administered to all K-12 students regardless of the language they speak at the time of enrollment.
- Administer the survey in person when possible to be sure parent/guardian understands the questions. Obtain the signature of the parent/guardian completing the survey.
- Designate personnel responsible for administering the survey at the time of student registration. Familiarity with the process insures greater accuracy. Please make sure the information on the form is complete and legible.
- **ESL GUIDANCE COUNSELOR AND ESL TEACHER MUST REVIEW AND SIGN THE HOME LANGUAGE SURVEY PRIOR TO PROCESSING.**
- **Give the entire Home Language Survey to the ESL teacher to distribute, if there is an answer other than English to questions 1, 2 or 3 below.** The ESL teacher will mail the yellow copy of the Home Language Survey to Federal Programs within 3 days. These students are considered language minority students and will be assessed to determine if they are Limited English Proficient and require English as a Second Language services.

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Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Race: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. What is the first language the student learned to speak? \_\_\_\_\_
2. What language does the student speak most often? \_\_\_\_\_
3. What language is spoken most often in the home? \_\_\_\_\_

***If your answer was anything other than "English" to questions 1-3 above, your child will be screened and/or assessed for English Language Proficiency.***

4. Has the student ever attended a school in Craven County? Yes \_\_\_\_\_ No \_\_\_\_\_  
 School(s) \_\_\_\_\_ Grade(s) Attended \_\_\_\_\_ Years \_\_\_\_\_
5. Date of student's first year in any US school: \_\_\_\_\_  
 First full year out of US schools (if applicable): \_\_\_\_\_  
 Year returned to US schools (if applicable): \_\_\_\_\_
6. How many years as the student attended school in the United States? \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

..... **FOR OFFICE USE ONLY** .....

Determination	Administer W-APT
<b>If the language is other than English on question 1-3, should the W-APT test be administered?</b>	Check One: _____ Yes _____ No

ESL Guidance Counselor: \_\_\_\_\_ Review Date: \_\_\_\_\_

ESL Teacher: \_\_\_\_\_ Review Date: \_\_\_\_\_