



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 <u>other than English</u> , proceed to Question 2a.
	If <u>English</u> , 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?	
<input type="checkbox"/>	Yes. Proceed to Question 7.
<input type="checkbox"/>	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?	
<input type="checkbox"/>	Yes. Proceed to Question 4.
<input type="checkbox"/>	No. Proceed to Question 3.

Question 3

Does this student understand a language other than English?	<input type="checkbox"/>	Yes. Proceed to Question 4.
	<input type="checkbox"/>	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?	<input type="checkbox"/>	Yes. Proceed to 7.
	<input type="checkbox"/>	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?	<input type="checkbox"/>	Yes. Proceed to 7.
	<input type="checkbox"/>	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?	<input type="checkbox"/>	Yes. Proceed to 7.
	<input type="checkbox"/>	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.