

**HOME LANGUAGE SURVEY**

In order to assist the School District of Abbotsford in communicating with our families, please answer the following questions about your family's language. The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child. Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Date:

**Student Information**

First:	Middle:	Last:
School Name:	Grade:	Date of Birth:
Language <b>other than English</b> used by student:		

**Parent/Guardian Information**

Parent/Guardian #1	First:	Last:	Relationship:
	Preference for Oral Communication:		Written Communication:
	Signature:		
Parent/Guardian #2	First:	Last:	Relationship:
	Preference for Oral Communication:		Written Communication:
	Signature:		

**Section 1**

- Was the first language used by this student English?  Yes – Go to question 2  No – Go to question 3
- When at home, does this student hear or use a language other than English more than ½ the time?  Yes – Go to question 4  No - Student is not eligible for ELP Screening. HLS complete-go to Section 2
- When at home, does this student hear or use a language other than English more than ½ the time?  Yes – Administer ELP screener. Record other language. HLS complete-go to Section 2  No – Go to Question 4  
Other language: \_\_\_\_\_
- When interacting with their parents or guardians, does this student hear or use a language other than English more than ½ the time?  Yes – Administer ELP screener. Record other language. HLS complete-go to Section 2.  No – Go to Question 5  
Other language: \_\_\_\_\_
- When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than ½ the time?  Yes – Administer ELP screener. Record other language. HLS complete-go to Section 2  No – Go to Question 6  
Other language: \_\_\_\_\_
- When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than ½ the time?  Yes – Administer ELP screener. Record other language. HLS complete-go to Section 2  No – Go to Question 7  
Other language: \_\_\_\_\_
- Is this student a Native American, Native Alaskan, or Native Hawaiian?  Yes – Go to question 8  No – Go to Question 9
- Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?  Yes – Administer ELP screener. Record other language. HLS complete-go to Section 2  No – Go to Question 9  
Other language: \_\_\_\_\_
- Has this student recently moved from another school district where they were identified as an English Learner?  Yes – Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.  No – Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

**Section 2**

Home Language Survey Result (check one):  **Screen**  **Do not Screen**