

Home Language Survey

Newark City Schools

The Office of Civil Rights (OCR) requires that all schools conduct a language survey of all students registering for school to identify those in need of language assistance and for the purpose of providing appropriate programming. (Title IV Compliance Issues 9/91)

- - Please print clearly and complete all items on this form (leave no blanks). - -

Name of Student: _____, _____ Date of: ____/____/____
Family (Last) Name Given (First) Name Middle I. Birth Month Day Year

Building to Attend: _____ Grade: _____ Gender: _____

Place of _____, _____ Date of Entry: ____/____/____
 Birth: City or Town State or Province Country (If not US give Date of Entry) to USA Month Day Year

Parent/Guardian:, _____, _____, _____, _____
(Circle one) Father's: Family/Last Name Given/First Name Mother's: Family/Last Name Given/First Name

If a Guardian, what is your relationship to the student? _____

Home Address: _____, _____, _____
Number Street Apt. # City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____

e-mail address: _____

1. List all languages spoken in the home: _____

_____ (If English is the only language spoken, go on to #9.)

2. What language did this child first learn to speak (as a baby)? _____

3. What language does this child use most often at home now? _____

4. What language do you use most often to speak to this child? _____

5. What language is most often spoken between adults at home? _____

6. Does anyone in your home read English? _____ Name: _____

7. Do you need someone to act as an interpreter? _____ Language: _____

8. Date when the student first started school in any school in the United States: ____/____/____
Month Day Year

9. List information requested for all children living in the home (use back if more room is needed):

This Student's Previous Schools	Location (City, State or Country)	Gr.		Name: Other Children in Home	Birth Date	School	Gr.
1.				1.		Yes / No	
2.				2.		Yes / No	
3.				3.		Yes / No	
4.				4.		Yes / No	
5.				5.		Yes / No	
6.				6.		Yes / No	

Signature of Parent or Guardian _____ Date: ____/____/____
Month Day Year

School Office: If survey answers 1 through 5 indicate a language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21). Place this form in the student's permanent folder and send a copy to the ESL Coordinator. An assessment will be made of the student's English language proficiency and service notification will be given.