

LANGUAGE SURVEY

(To be submitted with referral of all English Language Learners)

GENERAL INFORMATION:

Student:

Primary Language:

Language Proficiency: ☐ NEP ☐ LEP ☐ FEP

Survey completed by (name/title):

SCHOOL EXPERIENCE INFORMATION:

	HOME COUNTRY	U.S.
Attended Preschool (✓)		
Number of years attended		
Language of instruction		
Excessive absences (✓)		

Current language of instruction:

English____% Other____%

Years in current language of instruction: _____

LANGUAGE SKILLS

Please indicate with a ✓ the language the student uses with individuals who do and do not speak the student's primary language in each of the following contexts.

E = with English speakers who do not speak the student's primary language,

B = with Bilingual individuals who do speak the student's primary language.

	Only English		Mostly English		Equal Use		Mostly Other		Only Other	
	E	B	E	B	E	B	E	B	E	B
Informal with peers (playground, cafeteria, bus)										
Informal with adults (hallways, play areas, cafeteria, off-campus)										
Formal with peers (classroom, library, etc.)										
Formal with adults (classroom, library, etc.)										
Written Language										

Does the student exhibit or have a history of a severe primary language disorder?

☐ yes ☐ no

Was the student referred for assessment by a speech/language specialist?

☐ yes ☐ no

PARENT/GUARDIAN INTERVIEW

Name of person being interviewed:

Relationship to the student:

	ENGLISH	NATIVE LANGUAGE
Does your child have trouble following directions?		
Does your child have trouble understanding what you say?		
Does your child have trouble learning new words/ideas?		
Does your child have trouble making friends?		
In what language do you speak with your child?		
In what language does your child speak with other members of the household? (list relationship in the box to the right)		
In what language do you read stories to your child?		
In what language are the television programs your child watches?		

Does your child attend another school for language instruction?

☐ yes ☐ no

Does your child read and write in his/her native language?

☐ yes ☐ no

How often does your child return to the country of origin?_____

How long do he/she usually stay?