



MOSINEE SCHOOL DISTRICT HOME LANGUAGE SURVEY (HLS)

Student Name: _____ Grade: _____

Relationship of Person Completing Survey:

Mother Father Guardian Other (specify): _____

Section 1: Check the correct response for each of the following questions.

1. Was the first language used by this student English?
 Yes. Go to Question 2
 No. Go to Question 3
2. When at home, does this student hear or use a language other than English more than half of the time?
 Yes. Go to Question 4
 No. STOP - Go to Section 2
3. When at home, does this student hear or use a language other than English more than half of the time?
 Yes. STOP - Go to Section 2
 No. Go to Question 4
4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?
 Yes. STOP - Go to Section 2
 No. Go to Question 5
5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?
 Yes. STOP - Go to Section 2
 No. Go to Question 6
6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?
 Yes. STOP - Go to Section 2
 No. Go to Question 7
7. Is this student a Native American, Native Alaskan, or Native Hawaiian?
 Yes. Go to Question 8
 No. Go to Question 9
8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?
 Yes. STOP - Go to Section 2
 No. Go to Question 9

*** Continued on Reverse ***

Section 1: Continued

9. Has this student recently moved from another school district where they were identified as an English Learner?

- Yes. STOP - Go to Section 2
- No. STOP - Go to Section 2

Section 2

In what language do parents/guardians want written and oral communications in?

English Other (specify): _____

Signature of person completing survey: _____ **Phone #:** _____ **Date:** _____

FOR OFFICE USE ONLY

If survey indicates any language other than English, forward a copy of the Home Language Survey to Michelle De León at the Middle School.

Previous ELL services: _____ ELL Level (1-6) _____

ELL Level determined by: Test/Date: _____ Other: _____

ACCESS W-APT Screener Date/Examiner: _____

Previous ELL Services Info: (Commenced/Terminated/Type/Amount/Other)

