

ROBERT D. REYNOLDS SCHOOL

391 WEST SADDLE RIVER ROAD
UPPER SADDLE RIVER, NEW JERSEY 07458

DEVIN SEVERS, PRINCIPAL

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HOME LANGUAGE SURVEY**

Student Name _____ Date of Birth _____

Last Grade Completed _____ School/Town _____

****This form is also available in other languages. If needed, please inquire at the main office.**

1. What was the first language used by the student? _____
2. At home, does the student hear or use a language other than English more than half of the time?
 Yes
 No
3. Does the student understand a language other than English?
 Yes
 No
4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?
 Yes
 No
5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?
 Yes
 No
6. Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?
 Yes
 No
7. What are the home languages spoken? List below.

Parent/Guardian signature _____ Date _____