HOME LANGUAGE SURVEY
19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey applicable ONLY if administered
for students enrolling in prekindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN
PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas
requires that the following information be completed for each student who enrolls in a Texas public school
for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language
information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services,
please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must
conduct an assessment to determine how well your child communicates in English. This assessment
information will be used to determine if Bilingual or English as a Second Language program services are
appropriate and to inform instructional and program placement recommendations. If you have questions
about the purpose and use of the Home Language Survey, or you would like assistance in completing the
form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:
https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-
ReclassificationFlowchart.pdf

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: ____________________________ STUDENT ID #: __________________

ADDRESS: ____________________________ TELEPHONE #: __________________

CAMPUS: ____________________________

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is used in the child's home most of the time? ____________________________

2. What language does the child use most of the time? ____________________________

Signature of Parent/Guardian ____________________________ Date ____________________________

Signature of Student if Grades 9-12 ____________________________ Date ____________________________

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:
1) your child has not yet been assessed for English proficiency; and
2) your written correction request is made within two calendar weeks of your child's enrollment date.

Multilingual Programs Department | August 2020