



# EL PASO INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY -19 TAC Chapter 89, Subchapter BB, §89.1215  
(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten 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 and/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 and/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.esd20.net/upload/page/0084/docs/EL%20identification\\_ReclassificationFlowchart%202018.pdf](https://projects.esd20.net/upload/page/0084/docs/EL%20identification_ReclassificationFlowchart%202018.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 spoken in the child's home **most of the time**? \_\_\_\_\_  
2. What language does the child speak **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.**