

## LAS CRUCES PUBLIC SCHOOLS

### TEACHER LANGUAGE OBSERVATION FORM

This form should be submitted to the school principal for any student you feel may be having difficulty due to a home language background other than English.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

#### Check all that apply:

1. I have observed this student speaking a language other than English in the classroom, cafeteria, halls, playground, or in other school situations.
2. The student has indicated that the language spoken in his or her home is non-English.
3. Conversation with a parent in a teacher/parent conference or other occasion indicates that a language other than English is probably spoken in the home.
4. The student has experienced difficulty in understanding oral communication in the classroom or has difficulty expressing him or herself using English.

### STUDENT LANGUAGE SURVEY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

Check the best answer to each question or fill in information where necessary.

1. Was the first language you learned English? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Can you speak a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what language? \_\_\_\_\_

3. Which language(s) do you most often use when you speak to your friends?  
English \_\_\_\_\_ Other \_\_\_\_\_

4. Which language(s) do you most often use when you speak to your parents?  
English \_\_\_\_\_ Other \_\_\_\_\_

5. Does anyone in your home speak a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### DISTRIBUTION

White to Student Cumulative Folder  
Yellow to Bilingual/ESL Educational Assistant  
Pink to Bilingual Program

BILINGUAL FORM 157  
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