CLASSROOM LANGUAGE DOMINANCE SURVEY

SCHOOL_____ TEACHER_____

HOMEROOM OR ENGLISH CLASS_____ DATE_____

DIRECTIONS: Based on your observation and any other information you may obtain, and solely as an unofficial and tentative assessment, check one of the five categories below for each student. **Do not check item #3**; the Language Development Committee will have a staff member fluent in the student's language observe the student for further assessment.

STUDENT NAME	**1)** only a language other than English	**2)** a language other than English more frequently than English	**3)** English and and some of another language	**4)** English only