

NEWBURYPORT PUBLIC SCHOOLS

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name	Middle Name	Last Name	F <input type="checkbox"/>	M <input type="checkbox"/>
		Gender		
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)		

School Information

Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade
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Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)

To Be Completed by ELL Program Staff Before Placement

Date School Enrollment:	Student's Name:	Age	Date of Birth	Grade
Relationship of Person Completing Survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify: _____				Number of Years Student in USA _____
Recommendation: <input type="checkbox"/> Proficiency Testing to determine LEP status and Academic Records Review. <input type="checkbox"/> YES ELL Program <input type="checkbox"/> Proficient – NO ELL Program				Signature of ELL Staff: