

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.

Enrollment Date: _____ **Grade:** _____

School: _____ **WPS Student ID:** _____

Student Information

Child's Last Name: _____ **First:** _____ **MI:** _____

Child's Date of Birth: _____ **Male** _____ **Female** _____

Child's City and country of birth: _____

Address:
 No. _____ Street _____ City _____ State _____ ZIP _____

Date first enrolled in ANY U.S. School (mm/dd/yyyy) ____ / ____ / ____

Parent/Guardian Information

Parent/Guardian Last Name: _____ **First:** _____

Relationship to Child: _____ **Telephone:** _____

School Information

School Child Last Attended: _____ **Last Grade Completed:** _____

City/Country of Last School: _____

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 – grandparents, uncles, aunts, etc. – and caregivers)

_____ seldom/sometimes/often/always
 _____ seldom/sometimes/often/always

What is the primary language used in the home, regardless of the language spoken by the student?

How many years has the student been in U.S. schools? (not including pre-kindergarten?)

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 language does your child use? (circle one)

_____ seldom/sometimes/often/always
 _____ seldom/sometimes/often/always

What language do you prefer for written communication?

Language: _____

Will you require an interpreter at Parent-Teacher meetings? (circle) No If yes, provide language below

Language: _____

Parent/Guardian Signature: _____

X

____ / ____ / **20**____

Today's Date: (mm/dd/yyyy)

Survey Administrator: _____