



Westport Community 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. 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- Section A:

First Name _____ Middle Name _____ Last Name _____ Gender F M
 Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Building: MAC WES WJSHS

School Information- Section B:

Start Date in New School (mm/dd/yyyy) _____ Name of Former School and Town, if any _____ Enrolling Grade _____

Questions for Parents/Guardians- Section C:

If English is the only language spoken in your home, please initial here _____ and proceed to Section D, Signature Line.

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 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
Is this language learned in an academic setting? Y <input type="checkbox"/> N <input type="checkbox"/>	Has your child been enrolled in an English Language Learners Program at a previous district? Y <input type="checkbox"/> N <input type="checkbox"/>
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- Section D:

X _____

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

Please Note: The questions above are for screening purposes. Students who may need additional English Language support in the classroom will need additional testing.

This form is placed in the student's file

To Be Completed by ELE Staff:

_____ Proficiency Testing/Records Review _____ Needs ELE Services/Level
 _____ Follow Up/No Services Needed _____ ELE Staff Members Initials