MONOMOY REGIONAL SCHOOL DISTRICT
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   _____

    Student's Current Grade _____   **Today's Date:**

_____

First Name   **Middle Name**   **Last Name**   **Gender**

_____   _____   _____

Country of Birth   **Date of Birth**   **Date first enrolled in ANY U.S. school**

_____   _____

Start Date in New School   **Name of Former School and Town**

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian?

_____

☐ mother ☐ father ☐ guardian)

_____

☐ mother ☐ father ☐ guardian

What language did your child first understand and speak?

Which other languages does your child know?

_____ ☐ speak ☐ read ☐ write

_____ ☐ speak ☐ read ☐ write

Will you require written information from school in your native language?   YES ☐   NO ☐

Parent/Guardian Signature:

Which language(s) are spoken with your child?
(include relatives -*grandparents, uncles, aunts, etc.* - and caregivers)

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

Which language do you use most with your child?

Which languages does your child use?

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

Will you require an interpreter/translator at Parent-Teacher meetings?   YES ☐   NO ☐

To be completed by qualified ELL Program Staff Member

Recommendation

- ○ Proficiency testing to determine LEP placement and academic record review
    - ○ Sheltered English Immersion (WIDA)
    - ○ FLEP

- ○ Proficient- No English language learner program required

Signature of ELL Staff Member _____ Date_____

(green) 2.14.19