

# Central Berkshire Regional School District

## Primary Home Language Survey

English Form

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child.

### Student Information

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

### School Information

<b>Start Date in New School</b> (mm/dd/yyyy)	<b>Name of Former School and Town</b>	<b>Current Grade</b>

### Questions for Parents/Guardians

<b>What is the native language(s) of each parent/guardian? (check one)</b>  _____ <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian _____ <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian	<b>Which language(s) are spoken with your child?</b> (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always _____ <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
<b>What language did your child first understand and speak?</b>	<b>Which language do you use most with your child?</b>
<b>Which other languages does your child know? (check all that apply)</b>  _____ <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write _____ <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write	<b>Which languages does your child use? (check one)</b>  _____ <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always _____ <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/>
<b>At what age did your child start attending school?</b>	<b>Has your child attended school every year since starting school?</b> Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Parent/Guardian Signature:</b>  <b>X</b>	_____ <b>Today's Date:</b> (mm/dd/yyyy)

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.

School Personnel Completing this survey: \_\_\_\_\_

Date: \_\_\_\_\_

If any language other than English is marked, immediately notify the ELE Director and ELE teacher.