

North Middlesex 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 Name _____ Female Male (circle one)

Country of Birth _____ Date of Birth _____ Date first enrolled in ANY U.S. School _____

School Information:

Name of FORMER School and Town _____ Entering Grade _____

Name of NEW School and Town _____ New school enrollment date _____

Information regarding the language(s) used with your child:

Check all that apply:

- Parent(s)/Guardian(s) speak English only
- My child speaks English only
- My child is learning another language as an extracurricular activity
- My child has already been identified by a previous school district as an English Learner and was enrolled in an ELE program
- Another language other than English is regularly spoken at home. *If so, please complete the following:*

Name(s) of the other language(s): _____

How often is the other language used: (rarely / occasionally / often / always)

List the primary language(s) used by:

child: _____

mother: _____

father: _____

siblings: _____

other: _____

The language your child used first: _____

In English my child can (please circle all that apply): **read / write / speak / understand**

In the other language(s) my child can (please circle all that apply): **read / write / speak / understand**

Language(s) required for **WRITTEN** information from school: _____

Language(s) required for **ORAL** information from school: _____

X

Parent/Guardian Signature _____

Date _____

NMRSD STAFF ONLY

Select all that apply: DOES NOT QUALIFY FOR ELL SERVICES NEEDS RECORDS REVIEW/POSSIBLE ELL SCREENING

ELL TEACHER SIGNATURE & DATE _____