

WACHUSETT REGIONAL SCHOOL DISTRICT
HOME LANGUAGE SURVEY

Message to Parents

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home. This information is essential in order to provide meaningful instruction to all students.

Please complete all sections of this form and return it to school promptly. It will be placed in the child's cumulative folder. Thank you for your cooperation.

Student Information

NAME: _____ DATE: _____

SCHOOL: _____ DATE of BIRTH _____ GRADE: _____

I. Student's Place of Birth: _____
If not in US, date of first entry to a US school: _____

II. Other than English, are other languages spoken by student or in the home: YES NO
If "YES", what are they? _____

1. What language did the student first learn to speak? _____

2. What language does the parent/guardian most often use when speaking to the student? _____

3. What language does the student most often use when speaking to her/his parent/guardian in the home?

4. What language does the student most often use when speaking to other family members?

5. What language does the student most often use when speaking to friends? _____

6. In what language (s), if any, has the child learned to read and write? _____

7. If already attending a US school, has the child received ESL (English as a Second Language) services in the past?

8. In what language would the parent/guardian like to receive notices from school?

Circle choice ENGLISH NATIVE LANGUAGE (please specify) _____

I understand that my child will be given an initial assessment to determine English Language Proficiency and eligibility for ELL services. The assessment will take place at the child's school during school hours.

Parent Signature _____

Date _____

After an initial assessment, the District will determine if further testing is needed. If you want additional language proficiency testing done, regardless of the outcome of the initial assessment, please indicate this below:

I request an additional language assessment be completed for my daughter/son.

Parent Initials _____

Date _____

Cc: Curriculum Specialist-ELL
Supervisor of Pupil Personnel Services
Student File

Revised 1/10