

# Newburyport Public Schools

## Home Language Survey

Dear Parents/Guardians:

Student Name \_\_\_\_\_

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. Please return this completed survey to your child's teacher as soon as possible.

1. What language did your child first understand or speak? \_\_\_\_\_
2. What language do you use most often when speaking with your child at home?  
\_\_\_\_\_
3. What language does your child use most often when speaking with you at home?  
\_\_\_\_\_
4. What language does your child use most often when speaking with other family members?  
\_\_\_\_\_
5. What language does your child use most often when speaking with friends?  
\_\_\_\_\_
6. What language(s) does your child read? \_\_\_\_\_
7. What language(s) does your child write? \_\_\_\_\_
8. At what age did your child start attending school? \_\_\_\_\_
9. Has your child attended school every year since that age? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
10. If no, please explain: \_\_\_\_\_
11. Would you prefer oral and written communication from the school in English or your home language?  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**To Be Completed by ELL Program Staff Before Placement**

Date School Enrollment:	Student's First Name	Student's Family Name	AGE	Date of Birth	Grade
Relationship of Person Completing Survey: ___ Mother ___ Father ___ Guardian ___ Other <i>Specify:</i> _____			Number of Years student in USA: _____		
Recommendation: ___ Proficiency Testing/Records Review ___ No ELL Program			Signature of ELL staff:		

cc. Principal; ELL Services Coordinator; Guidance Counselor