

**Berlin Memorial School
Boylston Elementary School
Berlin-Boylston Regional School District**

Home Language Survey

Date: _____ School Enrollment: _____

Student's First Name: _____ Student's Family Name: _____

Age _____ Birth Date ____/____/____ Grade _____

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.

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
If no, please explain:
10. Would you prefer oral and written communication from the school in English or in your home language?

Signature of Parent/Guardian

To be completed by ELL Program Staff Before Placement:

Relationship of Person Completing Survey: Mother Father Guardian Other Specify:

Recommendation: Proficiency Testing/Records Review No ELL Services

Number of Years Student in USA: _____

Signature of ELL Staff: _____

Cc: Principal Nurse ELL Coordinator Teacher

CPR 2005 – Home Language Survey Revised 1/30/08

Berlin-Boylston Public Schools do not discriminate on the basis of race, color, sex, religion, disability, national origin, sexual orientation, or homelessness.

Kesyonè sou Lang Ki Pale Lakay

Pou Papa, Manman, ak Moun ki Responsab Elèv :

Non Elèv la : _____

Pou ede pitit ou travay byen lekòl, nou mande w tanpri reponn kesyon ki pi ba la a yo pou chak timoun ki nan fanmi w. Repons ou yo pral ede nou tabli pi bon pwogram nou kapab pou edikasyon pitit ou.

1. Ki premye lang pitit ou a te konprann oswa pale ? _____
 2. Ki lang ou sèvi pi souvan pou pale ak pitit ou a lakay ou ? _____
 3. Ki lang pitit ou a sèvi pi souvan pou pale avèk ou lakay ou ? _____
 4. Ki lang pitit ou a sèvi pi souvan pou pale avèk lòt moun nan fanmi w ? _____
 5. Ki lang pitit ou a sèvi pi souvan pou pale avèk zanmi l ? _____
 6. Ki lang pitit ou kapab li ? _____
 7. Ki lang pitit ou kapab ekri ? _____
 8. Ki laj pitit ou te genyen, lè li te koumanse al lekòl ? _____
 9. Èske pitit ou a te kontinye al lekòl depi laj sa a ? _____ Wi _____ Non
- Si w reponn non, tanpri esplike :
10. Èske ou ta pito moun nan lekòl la pale avèk ou ak ekri w nan lang angle, oswa nan lang peyi w ? _____

Siyati Papa, Manman, oswa Moun ki Responsab la

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Recommendation: <input type="checkbox"/> Proficiency Testing to determine LEP status and Academic Records Review. Certified /Qualified ELL staff must make this assessment/recommendation. <input type="checkbox"/> Proficient -No Sheltered Immersion Program -Note that this decision must be made with a full assessment of student proficiency based on either local proficiency testing or academic records from the previous school district showing reclassification of student from Limited English Proficient (LEP) to Formerly Limited English Proficient (FLEP) using multiple criteria. Qualified staff must conduct this assessment.			

CC: Principal
ESOL Coordinator PK-12
Guidance Counselor

Home Language Survey
Haitian Creole Form

استقصاء اللغة المنزل

اعزائي الآباء و أولياء الأمور:

اسم الطالب أو الطالبة: _____

من أجل مساعدة طفلكم علي النجاح في المدرسة, نرجو منكم الإجابة علي الأسئلة التالية لكل طفل في أسرتم. و ستساعدنا أجوبتكم في تكوين أفضل برنامج تعليمي ممكن لطفلكم.

1. ما هي اللغة التي أدركها أو تحدثها طفلكم أولاً؟ _____
2. ما هي اللغة التي تتحدثون بها مع طفلكم في أغلب الأوقات بالمنزل؟ _____
3. ما هي اللغة التي يستخدمها طفلكم في أغلب الأوقات حينما يتحدث معكم بالمنزل؟ _____
4. ما هي اللغة التي يستخدمها طفلكم في أغلب الأوقات حينما يتحدث مع أفراد آخرين من الأسرة؟ _____
5. ما هي اللغة التي يستخدمها طفلكم في أغلب الأوقات حينما يتحدث مع أصدقاء؟ _____
6. ما هي اللغة أو اللغات التي يستطيع طفلكم قراءتها؟ _____
7. ما هي اللغة أو اللغات التي يستطيع طفلكم كتابتها؟ _____
8. ماذا كان عُمر طفلكم حينما بدأ في الذهاب إلي المدرسة؟ _____
9. هل ذهب طفلكم إلي المدرسة كل عام منذ كان في هذا السن؟ نعم _____ كلا _____
لو كلا, فيرجاء الشرح:
10. هل تفضل أن يكون الاتصال الشفوي و التحريري من المدرسة بالإنجليزية أم بلغتكم المنزلية؟ _____

توقيع أحد الوالدين/ ولى الأمر

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Relationship of Person Completing Survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify :			Number of Years Student has been in the US: _____
Recommendation: <input type="checkbox"/> Proficiency Testing to determine LEP status and Academic Records Review. Certified /Qualified ELL staff must make this assessment/recommendation. <input type="checkbox"/> Proficient -No Sheltered Immersion Program -Note that this decision must be made with a full assessment of student proficiency based on either local proficiency testing or academic records from the previous school district showing reclassification of student from Limited English Proficient (LEP) to Formerly Limited English Proficient (FLEP) using multiple criteria. Qualified staff must conduct this assessment.			Signature of ELL Staff:

Home Language Survey
Arabic

صورة إلي: الرئيس الكلية
منسق ESOL ب ك-12
Form
مُشرف التوجيه

3 4

Indagine di madre lingua

Cari Genitori e Tutori,

Nome dello studente: _____

Allo scopo di aiutare i vostri figli ad avere successo a scuola, vi chiediamo cortesemente di rispondere alle seguenti domande, per ognuno dei vostri figli. Le vostre risposte ci permetteranno di creare il miglior programma didattico possibile per i vostri figli.

1. Qual è la prima lingua capita o parlata da suo/a figlio/a? _____
2. Quale lingua usate più spesso quando parlate con vostro/a figlio/a a casa? _____
3. Quale lingua vostro/a figlio/a usa più spesso quando parla con voi a casa? _____
4. Quale lingua vostro/a figlio/a usa più frequentemente quando parla con altri membri della famiglia? _____
5. Quale lingua vostro/a figlio/a usa più frequentemente quando parla con amici? _____
6. Quale lingua/e vostro/a figlio/a è in grado di leggere? _____
7. In quale lingua/e vostro/a figlio/a è in grado di scrivere? _____
8. A che età vostro/a figlio/a ha iniziato a frequentare la scuola? _____
9. Vostro/a figlio/a ha frequentato la scuola tutti gli anni da quella età? Sì No
Se la risposta è no, si prega di fornire la spiegazione:
10. Preferite ricevere comunicazioni verbali e scritte dalla scuola in inglese o nella vostra lingua madre? _____

Firma del genitore o tutore

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CC: Principal
ESOL Coordinator PK-12
Guidance Counselor

Home Language Survey
Italian Form

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Pesquisa sobre Língua Utilizada em Casa

Caros Pais ou Guardiões,

Nome do Aluno: _____

Para que seu filho obtenha um bom desempenho na escola, nós pedimos que você por favor responda as perguntas abaixo para cada filho(a) em sua família. Suas respostas irão nos ajudar a criar o melhor programa educacional possível para seu filho.

1. Qual foi a primeira língua que seu filho compreendeu ou falou? _____
2. Qual língua você mais frequentemente utiliza para falar com seu filho em casa? _____
3. Qual língua seu filho mais frequentemente utiliza para falar com você em casa? _____
4. Qual língua seu filho mais frequentemente utiliza para falar com outros membros da família? _____
5. Qual língua seu filho mais frequentemente utiliza para falar com amigos? _____
6. Qual(is) língua(s) seu filho é capaz de ler? _____
7. Qual(is) língua(s) seu filho é capaz de escrever? _____
8. Com que idade seu filho começou a frequentar a escola? _____
9. O seu filho tem frequentado a escola todos os anos a partir desta idade? ___ Sim ___ Não
Se não, por favor explique: _____
10. Você prefere receber os comunicados orais e escritos da escola em inglês ou na língua que você utiliza em casa? _____

Assinatura dos Pais/Guardião

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			/ /
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CC: Diretor
 Coordenador do ESOL PK-12
 Orientação Acadêmica

Pesquisa Sobre Língua Utilizada em Casa
 Formulário em inglês

Анкета: домашний язык

Для того, чтобы помочь Вашему ребенку достичь успеха в учебе, мы просим Вас ответить на следующие вопросы в отношении всех детей в Вашей семье. Ваши ответы помогут нам наилучшим образом спланировать учебную программу для Вашего ребенка.

1. На каком языке разговаривал Ваш ребенок с самого начала? _____
2. На каком языке Вы больше всего говорите со своим ребенком? _____
3. На каком языке Ваш ребенок преимущественно с Вами разговаривает? _____
4. На каком языке Ваш ребенок преимущественно разговаривает с другими членами семьи? _____
5. На каком языке Ваш ребенок в основном говорит со своими друзьями? _____
6. На каком языке (языках) Ваш ребенок читает? _____
7. На каком языке (языках) Ваш ребенок пишет? _____
8. В каком возрасте Ваш ребенок пошел в школу? _____
9. Ваш ребенок посещал школу каждый год с того момента? _____
Если нет, тогда объясните:
10. На каком языке Вы бы предпочли получать из школы корреспонденцию: на родном или английском? _____

 Подпись родителя / опекуна

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CC: Principal
ESOL Coordinator PK-12
Guidance Counselor

Home Language Survey
Russian Form

Encuesta sobre Idioma Hablado en el Hogar

Estimados padres y tutores:

Nombre del alumno: _____

Esta encuesta pretende ayudar a que a su hijo le vaya lo mejor posible en la escuela. Por favor, conteste a las siguientes preguntas sobre cada uno de los niños de su familia. Sus respuestas nos ayudarán a adaptar el programa educativo a las necesidades de su hijo.

1. ¿Cuál fue el primer idioma que su hijo/a comprendió o habló? _____
2. ¿En qué idioma le habla usted a su hijo/a con mayor frecuencia cuando están en casa? _____
3. ¿Y su hijo/a? ¿En qué idioma le suele hablar él o ella a usted? _____
4. ¿Qué idioma suele emplear su hijo/a cuando habla con otros familiares? _____
5. ¿Qué idioma suele utilizar su hijo/a cuando habla con amigos? _____
6. ¿Qué idioma(s) sabe leer su hijo/a? _____
7. ¿Qué idiomas sabe escribir su hijo/a? _____
8. ¿A qué edad comenzó su hijo/a a ir a la escuela? _____
9. ¿Ha ido a la escuela todos los años desde esa edad? _____ Sí _____ No
 Si ha faltado algún año, explique por qué: _____
10. Para futuras comunicaciones con la escuela, ¿prefiere usted el inglés o el idioma que usted habla en casa? _____

 Firma del padre o tutor

To be completed by Qualified English as a Second Language or English Language Learner Program Staff Before Placement:

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CC: Director (Principal)
 Coordinador PK-12 de ESOL
 Consejero estudiantil (Guidance Counselor)

Home Language Survey
 Spanish Form

Ερωτηματολόγιο Για Τη Γλώσσα Στο Σπίτι

Αγαπητοί Γονείς και Κηδεμόνες:

Όνομα Μαθητή: _____

Ωστε να βοηθήσουμε το παιδί σας να πετύχει στο σχολείο, σας ζητούμαι να απαντήσετε της εξής ερωτήσεις για το κάθε παιδί στην οικογένεια σας. Οι απαντήσεις σας θα μας βοηθήσουν στο να δημιουργήσουμε το καλύτερο εκπαιδευτικό πρόγραμμα για το παιδί σας.

1. Ποια γλώσσα κατάλαβε ή μίλησε πρώτη το παιδί σας? _____
2. Ποια γλώσσα χρησιμοποιείτε πιο συχνά όταν μιλάτε με το παιδί σας στο σπίτι? _____
3. Ποια γλώσσα χρησιμοποιεί πιο συχνά το παιδί σας όταν σας μιλάει στο σπίτι? _____
4. Ποια γλώσσα χρησιμοποιεί πιο συχνά το παιδί σας όταν μιλάει με άλλα μέλη της οικογενείας? _____
5. Ποια γλώσσα χρησιμοποιεί πιο συχνά το παιδί σας όταν μιλάει με φίλους? _____
6. Ποια γλώσσα ή γλώσσες ξέρει να διαβάζει το παιδί σας? _____
7. Ποια γλώσσα ή γλώσσες ξέρει να γράφει το παιδί σας? _____
8. Σε ποια ηλικία άρχισε το σχολείο το παιδί σας? _____
9. Έχει συνεχίσει να πηγαίνει σχολείο κάθε χρονιά από τότε? _____ Ναι _____ Όχι
Αν όχι, γιατί: _____
10. Θα προτιμούσατε να επικοινωνούμε προφορικά και γραπτά από το σχολείο στα Αγγλικά ή στην γλώσσα σας? _____

Υπογραφή Γονιού/Κηδεμόνα

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CC: Principal
ESOL Coordinator PK-12
Guidance Counselor

Home Language Survey
Greek Form

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Pagsiyasat sa Wikang Pambahay

Mahal na Magulang at Taga-pagbantay:

Pangalan ng Estudyante: _____

Para matulungan ang inyong anak na magtagumpay sa paaralan, hinihiling namin na sagutin ninyo ang mga sumusunod na mga tanong para sa bawat bata sa inyong pamilya. Ang mga sagot ninyo ay makakatulong sa amin sa aming paglikha ng pinakamagaling na programang pang-edukasyon para sa inyong anak.

1. Anong wika ang unang naintindihan o sinalita ng inyong anak? _____
2. Anong wika ang malimit na gamit ninyo kung makipag-usap kayo sa inyong anak? _____
3. Anong wika ang malimit na gamit ng inyong anak kung makipag-usap sa inyo sa bahay?

4. Anong wika ang malimit na gamit ng inyong anak kung makipag-usap sa ibang miyembro ng pamilya? _____
5. Anong wika ang malimit na gamit ng inyong anak kung makipag-usap sa mga kaibigan?

6. Anong wika/mga wika ang nababasa ng inyong anak?

7. Anong wika/mga wika ang naisusulat ng inyong anak?

8. Ilang taon ang inyong anak ng magsimula siyang pumasok sa paaralan? _____
9. Pumapasok ba sa paaralan ang inyong anak tuwing taon magmula sa ganyang edad?
_____ Oo _____ Hindi
Kung Hindi, paki-paliwanag.
10. Nais ba ninyo na ang pakikipag-ugnayan mula sa paaralan ay pasalita at nakasulat sa Ingles o sa inyong sariling wika? _____

Lagda ng Magulang/Tapag-alaga

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Recommendation: <input type="checkbox"/> Proficiency Testing/Records Review <input type="checkbox"/> No ELL Services			

CC: Principal
 ELL Program Coordinator PK-12
 Guidance Counselor

Home Language Survey
 Tagalog Form