



Berlin-Boylston Public Schools

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			
First Name	Middle Name	Last Name	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth	Date of Birth (mm/dd/yyyy) / /	Date first enrolled in ANY U.S. school (mm/dd/yyyy) / /	
School Information			
Start Date in New School (mm/dd/yyyy) / /20		Name of Former School and Town	Current Grade
Questions for Parents/Guardians			
What is the primary language used in the home, regardless of the language spoken by the student?		Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak? _____		Which language do you use most with your child? _____	
How many years has the student been in U.S. Schools? (not including pre-kindergarten)		Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____		Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X		Today's Date: (mm/dd/yyyy) / /20	

For staff use only:

Relationship of person completing form:

Mother Father Guardian Other _____

Recommendation: Proficiency Testing/Records Review No ELL Services

Number of Years student in USA: _____

Signature of ELL Staff _____ **Date:** _____

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