

NYSED HOME LANGUAGE QUESTIONNAIRE FORM

INSTRUCTIONS: Complete this form for each child to be registered. In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads, and writes in English as well as prior school and personal history. **PLEASE PRINT CLEARLY.**

A. STUDENT INFORMATION			
Student's Name			
	FIRST	MIDDLE	LAST
Was the student born in the United States? <input type="checkbox"/> Yes – skip to Section B. <input type="checkbox"/> No – complete the questions at right		Country of Birth	
		Country of Origin	
		Date entered USA	
		Date of Entry to US School	
		Years in the USA	
B. LANGUAGE BACKGROUND			
Check all boxes below that apply			
1. What language(s) is spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	Specify:
2. What language(s) is spoken most of the time to the student in home of residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	Specify:
3. What language(s) does the student understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	Specify:
4. What language(s) does the student speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	Specify:
5. What language(s) does the student read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	Specify:
6. What language(s) does the student write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	Specify:
In your opinion, how well does the student understand, speak, read, and write English?			
Understands English:	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a Little	<input type="checkbox"/> Not at All
Speaks English:	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a Little	<input type="checkbox"/> Not at All
Reads English:	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a Little	<input type="checkbox"/> Not at All
Writes English:	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a Little	<input type="checkbox"/> Not at All
C. PARENT/GUARDIAN SIGNATURE			
	Month:	Day:	Year:
SIGNATURE OF PARENT OR OF PERSON IN PARENTAL RELATION	DATE		
Relationship to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other: