

**SCITUATE PUBLIC SCHOOLS**  
**Home Language Survey**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent(s)/Guardian(s):

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 to your child at home? \_\_\_\_\_
3. What language does your child use most often when speaking to 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. Do you require communication from school in a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please indicate the required language: \_\_\_\_\_

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

***To be completed by ELL Program Staff Before Placement:***

Date/School Enrollment:	Student First Name	Student Family Name	Date of Birth ____/____/____
Relationship of Person Completing Survey:			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify: _____			
Recommendation: <input type="checkbox"/> Proficiency Testing/Records Review <input type="checkbox"/> No ELL Services			
Signature of ELL Staff: _____ Date: _____			

***cc: School Principal, ELL Services Coordinator, Guidance Counselor, Student Cum. File***