

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

Form Reviewed at building level by:

Signature	Name	Role	Date

This form must be placed in the student cumulative file.

Please forward a copy of this form (original in cumulative file) to the Student Services Office if one of the following are true:

- There is evidence of a home language other than English.
- Parent is requesting written documents in native language other than English.
- Interpreter/translator needed at PTC, team meetings.
- Records received from previous district indicate EL services [attach documents].
- Parent indicated verbally that student may be an EL.

If you need assistance translating this document into a language other than English, please contact Kristin Campione at (978) 355-2055.

Si necesita ayuda que traduce este documento en un idioma de otra manera que inglés, contacta por favor Coordinador del distrito de Estudiantes ingleses de Idioma en 978-355-2055.

Если Вы нуждаетесь в помощи, переводящей этот документ на язык кроме английского языка, пожалуйста свяжитесь с Координатором района английских Языковых Учеников в 978-355-2055

如果你需要除了英语将这份文件翻译成一种语言的帮助，请在 978-502-8729 联系英语学习者的地区的协调人。