

Home Language Survey TEWKSBURY PUBLIC SCHOOLS

**If the parent/guardian who is enrolling the new student cannot read/comprehend this form in English,
PLEASE NOTE: This form is available in 28 languages from the DESE Website at: www.doe.mass.edu/ell/hlsurvey/**

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	<input type="checkbox"/> F <input type="checkbox"/> M Gender
Country of Birth	/ / Date of Birth	/ / Date first enrolled in ANY U.S. school	

School Information

/ /20 Start Date in New (TPS) School	Name of Former School and Town	Current Grade
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Questions for Parents/Guardians Please answer all questions.	
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child at home? (circle one) <i>(include relatives -grandparents, uncles, aunts, etc.- and caregivers)</i> _____ 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?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	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"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: X _____	/ /20 Today's Date

TPS STAFF: ANY ANSWER with a language other than English, please forward a copy of this completed form soon as possible to KAREN HODGSON, ELL DEPARTMENT @ TMHS. Thank you.

FOR ELL DEPARTMENT USAGE ONLY:
 If an ELL representative is participating in this survey, please review & confer w/parent-guardian child's overall language needs.

A language other than English is acknowledged; no concern of a specific language need. Parent understands reconsideration for ELL screening does not expire.

Professional analysis applied. Consideration from all questions determines NO ELL TESTING is necessary at this time.

Supporting details recorded on backside. Signature: _____

Original Home Language Survey: Student's CUM Folder (cc: if necessary) Karen Hodgson, ELL Dept. Head Date Sent: _____