

# Midland School #1

## Rochelle Park, NJ

### HOME LANGUAGE SURVEY

Dear Parents or Guardians:

In order to comply with New Jersey State law, we are required to survey new students as to language use, background, so that student help in this regard can be provided if necessary. We would appreciate your completing the form below and returning it to your child's school office. Thank you.

STUDENT INFORMATION			
First Name:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
County of Birth:	Date of Entry in U.S.:	Date first enrolled in any U.S. School:	
Ethnicity (Check One):			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White	
SCHOOL INFORMATION			
Current School: MIDLAND SCHOOL			
Enrollment Date:	Current Grade:	Person Conducting Survey: SCHOOL OFFICE	

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

\_\_\_\_\_  
Date

# Rochelle Park Home Language(s) Survey

Name of Child \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

## LANGUAGE(S) BACKGROUND

**What language(s) does the child understand?**

ENGLISH  OTHER (Please Specify): \_\_\_\_\_

**What language(s) does the child speak?**

ENGLISH  OTHER (Please Specify): \_\_\_\_\_

**What language(s) does the child read?**

ENGLISH  OTHER (Please Specify): \_\_\_\_\_

**What language(s) does the child write?**

ENGLISH  OTHER (Please Specify): \_\_\_\_\_

**What language(s) is spoken in the child's home most of the time?**

ENGLISH  OTHER (Please Specify): \_\_\_\_\_

**What language(s) does the child speak with siblings most of the time?**

ENGLISH  OTHER (Please Specify): \_\_\_\_\_

**What language(s) does the child speak with other relatives or caregivers most of the time?**

ENGLISH  OTHER (Please Specify): \_\_\_\_\_

## **EDUCATION BACKGROUND**

**Is this the first time the child has attended school in the United States?**

YES  NO

**If "NO" where did she/he go to school?** \_\_\_\_\_

**How long did she/he attend school?** \_\_\_\_\_

**Which language(s) was used for instruction?** \_\_\_\_\_

**Has the child attended school in another country?**  YES  NO

**If "YES" where did she/he go to school?** \_\_\_\_\_

**How long did she/he attend school?** \_\_\_\_\_

**Which language(s) was used for instruction?** \_\_\_\_\_

**Did your child participate in any programs prior to entering school (daycare, pre-school)**  YES  NO

**If "YES" where did they participate in the ESL/bilingual/dual language(s) program?** \_\_\_\_\_

**How long did they participate in the ELS/bilingual/dual language(s) program?**

\_\_\_\_\_

**Does the child use any other form(s) of communication, such as American Sign Language(s) or Augmentative Communication Devise?**  YES  NO

**If "YES" which ones?** \_\_\_\_\_

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_