

Dear Parent or Guardian:

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 complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please Complete this Section in All Caps

STUDENT NAME:

First	Middle	Last
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DATE OF BIRTH:

GENDER

Male

Month	Day	Year
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Female

GRADE:

LANGUAGE BACKGROUND

<input type="checkbox"/>	1. What language(s) is(are) spoken in the student's home or residence? English <input type="checkbox"/> Other: (List all) _____
<input type="checkbox"/>	2. What was the first language your child learned? English <input type="checkbox"/> Other: (List all) _____
	3. What is the Home Language of each parent/guardian? Father: (List all) _____ Mother: (List all) _____
	4. What language(s) does your child understand? English _____ Other: (List all) _____
<input type="checkbox"/>	5. What language(s) does your child speak? English <input type="checkbox"/> Other: (List all) _____ <input type="checkbox"/> Does not speak
<input type="checkbox"/>	6. What language(s) does your child read? English <input type="checkbox"/> Other: (List all) _____ <input type="checkbox"/> Does not read
<input type="checkbox"/>	7. What language(s) does your child write? English <input type="checkbox"/> Other: (List all) _____ <input type="checkbox"/> Does not write
<input type="checkbox"/>	8. What language does your child speak when he/she is excited/angry? English <input type="checkbox"/> Other: _____
	9. My child received/receives speech therapy <input type="checkbox"/> No <input type="checkbox"/> Yes
	10. My child has had difficulty hearing <input type="checkbox"/> No <input type="checkbox"/> Yes
	11. Please write anything else you think the school needs to know about your child's language development below:

By signing below, you certify that responses to the questions above are specific to your child. You understand that if a language other than English has been identified, your student will be tested to determine if he/she qualifies for English language development services, to help him/her become fluent in English. If entered into the English language learner (ELL) program, your child will be entitled to services as an English learner and will be tested thrice/year to monitor the development of his/her English language proficiency.

Parent/Guardian's Signature:

Name

Date

Parent/Guardian's Signature:

Name

Date