

SHREWSBURY PUBLIC SCHOOLS

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) _____ / _____ /20_____	Name of Former School and Town _____		Current Grade _____
Questions for Parents/Guardians			
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? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ 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: (mm/dd/yyyy)	

Name of school your child will attend in Shrewsbury _____

If preschool student, is the student going to: **Little Colonials @ SHS** **15 Parker Road** **Parker at Wesleyan Terrace**

Date your child will begin school in Shrewsbury: _____

If you have other children in household, please list their name, grade and school they attend if applicable:

1. Name: _____ School _____ Grade: _____
2. _____
3. Name: _____ School _____ Grade: _____
4. _____
5. Name: _____ School _____ Grade: _____

Translated Home Language Surveys can be found at <http://www.doe.mass.edu/ell/hlsurvey/>. The following languages are available: Albanian, Arabic, Bengali, Burmese, Cape Verdean Creole, Farsi, French, Greek, Gujarati, Haitian Creole, Hebrew, Hindi, Hmong, Japanese, Khmer, Korean, Polish, Portuguese, Russian, Simplified Chinese, Spanish, Swahili, Telugu, Thai, Traditional Chinese, Vietnamese, Urdu