

The New York City Department of Education Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian of _____ (enter student name here),

This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator, _____, and if you have questions, speak with _____ at _____.

Thank You Student ID: _____

PART 1. LANGUAGE NEEDS: This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (✓) all that apply:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Bengali <input type="checkbox"/> Arabic <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Russian	<input type="checkbox"/> Urdu <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Albanian <input type="checkbox"/> Punjabi <input type="checkbox"/> Polish <input type="checkbox"/> Other, please specify _____
2. What language does the child understand ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
3. What language does the child speak ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
4. What language does the child read ? Does not read yet <input type="checkbox"/>	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
5. What language does the child write ? Does not write yet <input type="checkbox"/>	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
6. What language is spoken in the child's home or residence most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
7. What language does the child speak with parents/guardians most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
8. What language does the child speak with brothers, sisters, or friends most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
9. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/> :	
10. Would you like your child to receive instruction using your home language (if available):	
<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time	



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PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this your child’s first time participating in an instructional program or group experience in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO:	
a. Where did he/she go participate in daycare/preschool/play group?	
b. What was the date of enrollment?	
c. How long did he/she attend?	
d. Which language was used for instruction?	
2. Has your child participated in an instructional program or group experience in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES:	
a. Where did he/she participate in daycare/preschool/play group?	
b. How long did he/she attend?	
c. Which language was used for instruction?	
3. Does your child have any conditions that require special help or attention in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, please check all that apply:	
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma
<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____
IF YES, what early intervention has your child received, if any?	
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., Communication Board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: Which ones?	

PART 3. PARENT INFORMATION: Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. What is your first language?	
Parent/Guardian: _____	Parent/Guardian: _____
First language: _____	First language: _____
2. In what language would you like to receive written information from the school?	
3. In what language would you prefer to communicate orally with school staff?	
Parent Signature _____	Date _____



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TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY					
Date:	Name of Student/ID:				
Borough:	District:	School:			
Gender:	Ethnicity Code: (form PSE):	Date of Birth:			
Relationship of person providing information for survey (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):					
If an interview is conducted, in what language is it conducted?					
Is a translator/interpreter used?					
OTELE Alpha Code <table border="1"><tr><td></td><td></td><td></td></tr></table>					
Potential English Language Learner?					
Instruction will be provided in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____					