

紐約市教育局/ The New York City Department of Education  
家長/監護人家庭語言調查表/ Parent/Guardian Home Language Identification Survey

尊敬的家長或監護人：

為了給您的孩子提供儘可能最好的教育，我們需要確定他或她在英語的理解以及說、讀和寫方面的能力。為了使您及時獲得資訊，我們也希望知道您喜歡從學校收到哪種語言的重要資訊。我們非常感謝您在回答下列問題時所提供的幫助。

謝謝！

由入學或學校工作人員填寫 TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL		
District:	Date:	
School:	Name of Student:	
Grade:	Class:	Student ID No.:
Relationship of person providing information for survey (check one):		
Mother <input type="checkbox"/>	Guardian <input type="checkbox"/>	
Father <input type="checkbox"/>	Other <input type="checkbox"/>	(specify):
If an interview is conducted, list interviewer's name and title or relationship.		
In what language?		
If an interpreter is provided, list name and position/relationship:		
Is the interpreter trained/qualified (e.g., bilingual teacher, Translation & Interpretation Unit staff)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Eligible for LAB-R testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Person determining LAB eligibility and signature:		
Lab Coordinator name and signature:		
OTELE ALPHA CODE:		
Program Placement: Transitional Bilingual Education <input type="checkbox"/>		
(Is this a transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> )		
Dual Language <input type="checkbox"/>		
Freestanding ESL <input type="checkbox"/>		

**第 1 部分. LAB-R 資格/ PART 1. LAB-R ELIGIBILITY:**

此資訊將確定參加新編版語言評核測驗 (Language Assessment Battery-Revised, 簡稱 LAB-R) 的資格, 請在適用的方塊上打勾 (✓)。如果使用另一種語言, 請用英文具體說明。

This information will establish eligibility for the English Language Assessment Battery-Revised (LAB-R). (✓) box that applies. If another language is used, please specify in English.

1. 孩子 <b>聽懂</b> 什麼語言? / What language does the child <b>understand</b> ?	英語/English <input type="checkbox"/>	普通話/Mandarin <input type="checkbox"/>	廣東話/Cantonese <input type="checkbox"/>	其他/Other <input type="checkbox"/>
2. 孩子 <b>講</b> 什麼語言? / What language does the child <b>speak</b> ?	英語/English <input type="checkbox"/>	普通話/Mandarin <input type="checkbox"/>	廣東話/Cantonese <input type="checkbox"/>	其他/Other <input type="checkbox"/>
3. 孩子 <b>看懂</b> 什麼語言? / What language does the child <b>read</b> ?	英語/English <input type="checkbox"/>	中文/Chinese <input type="checkbox"/>	其他/Other <input type="checkbox"/>	不會看/Does not read <input type="checkbox"/>
4. 孩子用什麼語言 <b>書寫</b> ? / What language does the child <b>write</b> ?	英語/English <input type="checkbox"/>	中文/Chinese <input type="checkbox"/>	其他/Other <input type="checkbox"/>	不會寫/Does not write <input type="checkbox"/>
5. 孩子的家裏或住處 <b>大部分時間</b> 講什麼語言? What language is spoken in the child's home or residence <b>most of the time</b> ?	英語/English <input type="checkbox"/>	普通話/Mandarin <input type="checkbox"/>	廣東話/Cantonese <input type="checkbox"/>	其他/Other <input type="checkbox"/>

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6.	孩子 <b>大部分時間</b> 與家長/監護人講什麼語言？ In what language does the child speak with parents/guardians <b>most of the time</b> ?			
	英語/English <input type="checkbox"/>	普通話/Mandarin <input type="checkbox"/>	廣東話/Cantonese <input type="checkbox"/>	其他/Other <input type="checkbox"/> :
7.	孩子 <b>大部分時間</b> 與兄弟姐妹或朋友講什麼語言？ In what language does the child speak with brothers, sisters, or friends <b>most of the time</b> ?			
	英語/English <input type="checkbox"/>	普通話/Mandarin <input type="checkbox"/>	廣東話/Cantonese <input type="checkbox"/>	其他/Other <input type="checkbox"/> :
8.	孩子 <b>大部分時間</b> 和其他親屬或照顧者（如保姆）講什麼語言？ In what language does the child speak with other relatives or caregivers (e.g., babysitters) <b>most of the time</b> ?			
	英語/English <input type="checkbox"/>	普通話/Mandarin <input type="checkbox"/>	廣東話/Cantonese <input type="checkbox"/>	其他/Other <input type="checkbox"/> :

**第 2 部分. 教學計劃/ PART 2. INSTRUCTIONAL PLANNING:**

對這些補充問題的回答將用於教學計劃。請用英文就下面有關您子女的每個問題輸入正確的回答。

Responses to these supplementary questions will be used for instructional planning. Enter the correct response in English for each of the following questions concerning your child.

1.	這是否是您的孩子第一次在美國上學？ Is this the first time the child has attended a school in the United States?	<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
	如回答「否」/ IF NO:		
	他/她曾在哪裡上過學？ Where did he/she go to school?		
	他/她上學的時間有多長？ How long did he/she attend school?		
	教學時使用哪種語言？ Which language was used for instruction?		
2.	您的孩子是否曾在 <u>另一個國家</u> 上過學？ Has the child attended school in <u>another country</u> ?	<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
	如回答「是」/ IF YES:		
	他/她曾在哪裡上過學？ Where did he/she go to school?		
	他/她上學的時間有多長？ How long did he/she attend school?		
	教學時使用哪種語言？ Which language was used for instruction?		
3.	入學前，您的孩子是否有過任何集體生活的經驗（如日托、學前班）？ Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)?	<input type="checkbox"/> 是/Yes	<input type="checkbox"/> 否/No
	如回答「是」：使用的是哪種語言？/ IF YES: What language was used?		
4.	您的孩子是否使用任何其他溝通形式，如美國手語或輔助溝通裝置（如手動/電子溝通板）？ 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"/> 是/Yes	<input type="checkbox"/> 否/No
	如回答「是」：使用哪種形式？/ IF YES: Which ones?		

**第 3 部分. 家長資訊/ PART 3. PARENT INFORMATION:**

我們將會使用您對這些補充問題的回答，以便紐約市教育局可以以您選擇的語言與您溝通。請用英語回答。

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. Please write your responses in English.

1.	您希望從學校收到哪種語言的書面資訊？ In what language would you like to receive written information from the school?
2.	您希望以哪種語言與學校員工進行口頭溝通？ In what language would you prefer to communicate orally with school staff?
家長簽名/Parent Signature	日期（月/日/年）/Date