

The New York City Department of Education Parent/Guardian Home Language Identification Survey

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would also like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated.

Thank You

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL				
Region:	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 NYSITELL testing? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Person determining NYSITELL eligibility and signature:				
ELL/NYSITELL Coordinator name and signature:				
OTELE ALPHA CODE:				
<table border="1" style="margin: auto;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table>				
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"/>				

PART 1. NYSITELL ELIGIBILITY: This information will establish eligibility for the New York State Identification Test for English Language Learners (NYSITELL). (✓) the box that applies. If another language is used, please specify.

1. What language does the child understand ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	
2. What language does the child speak ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	
3. What language does the child read ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	Does not read <input type="checkbox"/>
4. What language does the child write ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	Does not write <input type="checkbox"/>

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5. What language is spoken in the child's home or residence most of the time ?
English <input type="checkbox"/> Other <input type="checkbox"/> :
6. What language does the child speak with parents/guardians most of the time ?
English <input type="checkbox"/> Other <input type="checkbox"/> :
7. What language does the child speak with brothers, sisters, or friends most of the time ?
English <input type="checkbox"/> Other <input type="checkbox"/> :
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time ?
English <input type="checkbox"/> Other <input type="checkbox"/> :

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 the first time the child has attended a school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO:
Where did he/she go to school?
How long did he/she attend school?
Which language was used for instruction?
2. Has the child attended school in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:
Where did he/she go to school?
How long did he/she attend school?
Which language was used for instruction?
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES: What language was used?
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. In what language would you like to receive written information from the school?
2. In what language would you prefer to communicate orally with school staff?
Parent Signature Date