

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please answer BOTH questions.

1) Is this student Hispanic or Latino?

- No
- Yes, Hispanic or Latino (*a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures of origin, regardless of race*)

2) What is the student's race? (*Choose one or more*)

- American Indian or Alaska Native (*a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment*)
- Asian (*a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam*)
- Black or African American (*a person having origins in any of the black racial groups of Africa*)
- Native Hawaiian or Other Pacific Islander (*a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*)
- White (*a person having origins in any of the original peoples of Europe, the Middle East, or North Africa*)

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

# 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
_____	_____	_____	_____
Country of Birth	Date of Birth (mm/dd/yy)	Date first enrolled in ANY U.S. school (mm/dd/yy)	

## School Information

_____	_____	_____
Start Date in New School (mm/dd/yy)	Name of Former School and Town	Current Grade

## Questions for Parents / Guardians

1. What is the primary language used in the home, regardless of the language spoken by the student?

\_\_\_\_\_

2. What language did your child first understand and speak?

\_\_\_\_\_

3. How many years has the student been in U.S. Schools? (not including pre-kindergarten)

\_\_\_\_\_

4. Which language(s) are spoken with your child? (include relatives, grandparents, uncles, aunts, etc and caregivers)  
Check ONE box next to the language.

_____	seldom	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	often	<input type="checkbox"/>	always	<input type="checkbox"/>
_____	seldom	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	often	<input type="checkbox"/>	always	<input type="checkbox"/>

5. Which language do you use most with your child?

\_\_\_\_\_

6. Which language(s) does your child use? (check ONE box next to the language)

_____	seldom	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	often	<input type="checkbox"/>	always	<input type="checkbox"/>
_____	seldom	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	often	<input type="checkbox"/>	always	<input type="checkbox"/>

7. Will you require written information from school in your native language? Yes  No

If yes, what language? \_\_\_\_\_

8. Will you require an interpreter / translator at Parent-Teacher meetings? Yes  No

If yes, what language? \_\_\_\_\_

Parent / Guardian Signature:

X \_\_\_\_\_

Today's Date (mm/dd/yy)

\_\_\_\_\_