

Richmond Consolidated School

1831 State Road, Richmond, MA 01254 tel: 413-698-2207 fax: 413-698-3199

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 _____
 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 primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - 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? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	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"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X	_____ / ____ / 20____ Today's Date: (mm/dd/yyyy)

Richmond Consolidated School Multilingual Language Program Coordinator:

Dr. Beth Choquette Telephone: (413) 698-2207 Email: bchoquette@richmondconsolidated.org

FOR OFFICE USE ONLY

- ☐ X-2 ELL Data Entry - enter initial information (Dated Entered US School, Country of Birth, Home Language, etc.)
- ☐ If Foreign Language - copy and give original to Language Program Coordinator for testing
- ☐ Testing Accomplished / Form returned
- ☐ X-2 Data Entry for Test Results and Program Information by Language Program Coordinator
- ☐ Give copy to ELL Liaison and place original in cumulative folder

Language Program Coordinator Signature: _____