HADLEY PUBLIC SCHOOLS HOME LANGUAGE SURVEY

đ Hadley Elementary School 21 River Drive Hadley, Massachusetts 01035 (413) 584-5011 | fax (413) 582-6457 **d Hopkins Academy** 131 Russell Street Hadley, Massachusetts 01035 (413) 584-1106 | fax (413) 582-6455

PLEASE PRINT CLEARLY.

| Student Name: | Date of Birth:/ |
|--|-------------------------------|
| Grade: | |
| In order to help your child succeed in school, we ask that you plin your family. Your answers will help us in creating the best ed | U 1 |
| Language Information: | |
| 1. What language did your child first speak or understan | nd? |
| 2. What language do you use most often when speaking | • |
| 3. What language does your child use most often when s | |
| 4. What language does your child use most often when s | speaking with family members? |
| 5. What language does your child use most often when s | speaking with friends? |
| 6. What language(s) does your child read? | |
| 7. What language(s) does your child write? | |
| 8. At what age did your child begin attending school? | |
| 9. Has your child attended school every year since that a If NO, please explain: | age? Ø Yes Ø No |
| 10. Would you prefer oral and written communications specify language: | |
| Parent/Guardian Signature: | |
| Date: | |

(Reverse side to be completed by Hadley ELL Staff)

To be completed by ELL Program Staff before placement:

| Date: | Student's First Name: | Age: | |
|---|------------------------|-------------------------|--|
| School Enrollment: | Student's Family Name: | Birth Date: | |
| | | Grade: | |
| Relationship of person completing survey: | | Number of Years Student | |
| | | in USA: | |
| Other (Please specify): | | | |
| | | | |
| Recommendation: | | | |
| ⊗ No ELL Services | | | |
| Proficiency Testing/Records Review | | | |
| Signature of ELL Staff: | | Date:// | |
| | | | |

C: Principal

ELL Services Coordinator/ Director of Student Services Guidance Counselor English Proficiency Test Adminstrator

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