

Parsippany-Troy Hills Township Schools

Home Language Survey

Parsippany-Troy Hills School District 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

			Female <input type="checkbox"/>	Male <input type="checkbox"/>
First Name	Middle Name	Last Name		
_____	_____/_____/_____	_____/_____/_____		
Country of Birth school	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S.	Parent/Guardian Phone Number Home: _____ Work: _____ Cell: _____	

SCHOOL INFORMATION

Name of Former School (Please include town and country)	Current Grade
_____	_____
Did your child attend preschool? Y <input type="checkbox"/> N <input type="checkbox"/> If so, where?: _____	

QUESTIONS FOR PARENTS/GUARDIANS

What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	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?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)

(OFFICIAL USE ONLY)

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