



Bedford Public Schools 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 _____ |
| Country of Birth _____ | Date of Birth (mm/dd/yyyy) _____ |
| Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____ | Last Name _____ |
| Gender F <input type="checkbox"/> M <input type="checkbox"/> | |
| 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 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 - <i>grandparents, uncles, aunts, etc.</i> - 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 |
| Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> | Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Parent/Guardian Signature: X _____ | _____ / _____ /20_____ Today's Date: (mm/dd/yyyy) |