



Parent/Guardian Home Language Identification Survey

TO BE COMPLETED BY SCHOOL PERSONNEL

Please do not place student information sticker on this form.

District: ___ Borough: _____ School Number: ___ Date: _____

Student Last Name: _____ Student First Name: _____

Student ID: _____ Grade: ___ Official Class: _____

Relationship of Person Providing Information from Survey (check one):

Mother Father Guardian Self (Student – 18 years or older) Other _____

MANDATED INTERVIEW WITH STUDENT AND PARENT

(Interview must be in English and, if applicable, the parent’s preferred language)

English Specify Home Language

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable: _____

Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

TWO-LETTER OTELE ALPHA CODE:

NYSITELL ELIGIBILITY

Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the *Language Proficiency Team NYSITELL Determination Form* was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

Signature: _____ Date: _____

Eligible for NYSITELL testing: YES NO

Check here if this student has an IEP.

Date Language Proficiency Team NYSITELL Determination Form was sent to LPT:

FURTHER SIFE SCREENING

Is the student eligible for further SIFE screening? (OTELE Code must be other than “NO”): Yes No



Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated. Thank you.

PART 1. NYSITELL ELIGIBILITY

This information provided below will be used along with other information provided to determine your child’s home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (v) the box that applies. If another language is used, please specify.

- 1. What language(s) does the child **understand**? English Specify Other Language _____
2. What language(s) does the child **speak**? English Specify Other Language _____
3. What language(s) does the child **read**? English Specify Other Language _____ Does not read
4. What language(s) does the child **write**? English Specify Other Language _____ Does not write
5. What language is spoken in the child’s home or residence **most of the time**? English Specify Other Language _____
6. What language does the child speak with parents/guardians **most of the time**? English Specify Other Language _____
7. What language does the child speak with brothers, sisters, or friends **most of the time**? English Specify Other Language _____
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) **most of the time**? English Specify Other Language _____

PART 2. PRIOR EDUCATIONAL INFORMATION

Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

- 1. Is this the first time the child has attended a school in the United States? Yes No If NO, answer questions below:
- Where did he/she go to school? _____
- How long did he/she attend school? _____
- How many hours each day? _____
- How many years of school did he/she attend? _____
- Which language was used for instruction? _____
- Has there ever been a time when your child missed school for an extended time? If yes, please describe.
2. Has the child attended school in another country? Yes No If YES, answer questions below:
- Where did he/she go to school? _____
- How long did he/she attend school? _____
- Which language was used for instruction? _____
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? Yes No If YES, what language was used? _____
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)? Yes No If YES, specify: _____

PART 3. PARENT INFORMATION

Responses to these questions help the DOE communicate with parents/guardians in the language of their choice.

- 1. In what language would you like to receive written information from the school? _____
2. In what language would you prefer to communicate orally with school staff? _____

Parent Signature: _____ Date _____