

WARWICK SCHOOL DISTRICT
HOME LANGUAGE SURVEY

Date: _____ School: _____

Student's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Father's Name: _____ Mother's Name: _____

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|--|------------------------------|-----------------------------|
| 1. Do you need a translator? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, which language? | _____ | |
| 2. What is your child's first language? | _____ | |
| 2. Can student read in their first language? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Can student write in their first language? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Can student read English? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Can student write English? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Can mother speak English? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Can father speak English? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

For All School-age Children in the Household:

Name	Age	Birthplace	First Language	Second Language
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(If you need more space, please write on the back)

Please provide the following dates:

Date of entry into the United States: _____

Date of entry into first United States school: _____

Date of entry into first Pennsylvania school: _____

Signature of parent or guardian: _____

If you and your child speak a language other than English, your child will be given an English Language Proficiency test.

Office: Please attach this completed, original Home Language Survey to a copy of the enrollment form and send to ESL Teacher. One copy of the survey should be placed in the student's cumulative file, and one copy should be sent to the Office of the Asst Supt.