The New York City Department of Education
Parent/Guardian Home Language Identification Survey

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 also 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

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL
District: Date:
School: Name of Student:
Grade: Class: Student ID No.:
Relationship of person providing information for survey (check one):   Mother □   Guardian   □   Father □   Other   □ (specify):
If an interview is conducted, list interviewer's name and title or relationship.
In what language?
If an interpreter is provided, list name and position/relationship:
Is the interpreter trained/qualified (e.g., bilingual teacher, Translation & Interpretation Unit staff)? Yes □   No □
Eligible for LAB-R testing? Yes □ No □
Person determining LAB eligibility and signature:
Lab Coordinator name and signature:
OTELE ALPHA CODE:
Program Placement: Transitional Bilingual Education   □   (Is this a transfer? Yes □   No □)   Dual Language □   Freestanding ESL □

PART 1. LAB-R ELIGIBILITY:. This information will establish eligibility for the English Language Assessment Battery-Revised (LAB-R). (√) the box that applies. If another language is used, please specify.

1. What language does the child **understand**?
English □   Other □:
2. What language does the child **speak**?
English □   Other □:
3. What language does the child **read**?
English □   Other □:   Does not read □
4. What language does the child **write**?
English □   Other □:   Does not write □

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5. What language is spoken in the child's home or residence **most of the time**?
English ☐   Other ☐:
6. What language does the child speak with parents/guardians **most of the time**?
English ☐   Other ☐:
7. What language does the child speak with brothers, sisters, or friends **most of the time**?
English ☐   Other ☐:
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) **most of the time**?
English ☐   Other ☐:

PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response 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:
Where did he/she go to school?
How long did he/she attend school?
Which language was used for instruction?
2.   Has the child attended school in <u>another country</u>?   ☐ Yes   ☐ No
IF YES:
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: Which ones?

PART 3. PARENT INFORMATION: Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your 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