

MAYWOOD SCHOOL DISTRICT
Maywood, New Jersey 07607

ESL HOME LANGUAGE SURVEY



In order to comply with NJ State Law, we are required to survey ***all students*** as to language use background so that student help in this regard can be provided if necessary.

STUDENT NAME _____ GRADE _____ GENDER M F

ADDRESS _____ HOME TELEPHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH (COUNTRY) _____

OTHER CHILDREN (Names & Ages) _____

PARENTS/GUARDIANS' NAMES _____

FATHER'S NATIONALITY _____ MOTHER'S NATIONALITY _____

CELL PHONE: FATHER _____ MOTHER _____

DOES YOUR CHILD SPEAK ANY OTHER LANGUAGE BESIDES ENGLISH? _____ IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. What language did the child learn when he/she first began to talk?
English _____ Other [specify] _____
2. What languages does the child speak now?
English _____ Other [specify] _____
3. What language does the family speak at home most of the time?
English _____ Other [specify] _____
4. What language does the parent [guardian] speak to the child most of the time?
English _____ Other [specify] _____
5. What language does the child speak to his/her parent [guardian] most of the time?
English _____ Other [specify] _____
6. What language does the child speak to her/her brothers and sisters most of the time?
English _____ Other [specify] _____
7. What language does the child speak to his/her friends most of the time?
English _____ Other [specify] _____
8. In what language (s) can your child read and write?
English _____ Other [specify] _____

Has your child ever been enrolled in an ESL Program? _____ If yes, where? _____

***For office use: Entrance Date: _____ Homeroom Teacher: _____