

Elmira City School District



Administration Building

951 Hoffman Street

Elmira, NY 14905

Phone: (607) 735-3000

www.elmiracityschools.com

NYSED Home Language Questionnaire

Dear Parent or Guardian: In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads, and writes in English as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated.

Student Name: _____
First Middle Last

Country of Birth: _____ Country of Origin: _____

Date Entered USA: _____ Years in the US: _____ Date of Entry to US School: _____

Check all boxes below that apply:

1. What language(s) is spoken in the student's home or residence? English Other Specify: _____

2. What language(s) is spoken most of the time to the student in home of residence? English Other Specify: _____

3. What language(s) does the student understand? English Other Specify: _____

4. What language(s) does the student speak? English Other Specify: _____

5. What language(s) does the student read? English Other Specify: _____

6. What language(s) does the student write? English Other Specify: _____

In your opinion, how well does the student understand, speak, read, and write English?

Understands English: Very Well Only a Little Not at All

Speaks English: Very Well Only a Little Not at All

Reads English: Very Well Only a Little Not at All

Writes English: Very Well Only a Little Not at All

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
Date

Relationship to student: Mother Father Other: _____