Ripon Area School District

# PARENT/GUARDIAN HOME LANGUAGE SURVEY

# ENCUESTA PARA PADRES/CUSTODIOS SOBRE IDIOMA EN CASA

| Student's Name:<br>Nombre del Estudiante: | Grade:<br>Grado: |
|---|---|
| Relationship of person completing survey. Relación de la persona completando encuesta<br>Mother/Madre ☐ Father/Padre ☐ Guardian/Custodio ☐ Other *Specific*/Otro *Especifique* ☐ | |

| | | |
|---|---|---|
| 1 | Where was your child born?<br>¿Dónde nació el/la niño(a)? | |
| 2 | What languages are spoken at home?<br>¿Que idiomas se hablan en la casa? | |
| 3 | What is the first language your child learned to speak?<br>¿Cual es la primera lengua que el/a niño(a) aprendió hablar? | |
| 4 | Has your child attended school somewhere other than the United States?<br>¿El/la niño(a) ha asistido a la escuela en otra parte además de los Estados Unidos? Yes ☐ No ☐ | How many years?<br>¿Cuántos años? |
| 5 | Has your child attended school in the United States?<br>¿El/la niño(a) ha asistido a la escuela en los Estados Unidos? Yes ☐ No ☐ | How many years?<br>¿Cuántos años? |
| 6 | Does your family want translation services?<br>¿Su familia desea que los servicios de traducción? Yes ☐ No ☐ | Oral ☐<br>Written/Escrita ☐ |

| Signature of Person Completing Survey:<br>Firma de la persona completando la encuesta: | Date:<br>Fecha: |
|---|---|

For Office Use Only: Únicamente para uso de la Oficina

ELL Coordinator reviewed (signature): Date:

ELL Teacher/Reviewer Assigned:

ELL Program Placement Recommended Yes ☐ No ☐

Cumulative Folder Review Date:

W-APT Screener Date: ESL Level:

ACCESS test Date: ESL Level:

| | | | |
|---|---|---|---|
| Bilingual/ELL Program type: | ☐ No additional services<br>☐ Content area tutoring<br>☐ Developmental bilingual<br>☐ Dual language or two-way immersion<br>☐ Heritage language<br>☐ Sheltered English instruction, content-based ELL<br>☐ Instruction in English/Structured Immersion<br>☐ Pull-Out ESL | Support Delivery Model : | ☐ Inclusionary support<br>☐ Pull-out<br>☐ Self-contained<br>☐ Parental refusal for services<br>☐ Not Applicable |

Comments:

Form Returned for I.C. Posting Date: