

HOME LANGUAGE SURVEY & FAMILY INTERVIEW QUESTIONS

HOME LANGUAGE SURVEY

1. Language first acquired by student:  
\_\_\_\_\_English \_\_\_\_\_Other Specify other language\_\_\_\_\_

2. Language most often spoken by student:  
\_\_\_\_\_English \_\_\_\_\_Other Specify other language\_\_\_\_\_

3. Language most often spoken in the home (regardless of student's language):  
\_\_\_\_\_English \_\_\_\_\_Other Specify other language\_\_\_\_\_

FAMILY INTERVIEW QUESTIONS		
QUESTION	LANGUAGE	COMMENTS
Which language does your child seem to understand?		
Which language did your child first learn to speak?		
What language does your child speak to the persons listed below:		
Father		
Mother		
Siblings		
Grandparents		
Friends		
Other		
Which language does your child speak when playing by him/herself?		
Which language does your child prefer when watching television		
Which language do other people in your household speak to your child?		
Which language are most of the print/digital materials (books, magazines, newspapers) in your home?		
Is/Was your child read to at home? Yes or No In which language?		
Additional notes:		
Interviewee:		Date:
Interviewer:		
Family Interview Guidance These are suggested questions. The purpose of this document is to gain a better understanding of a student's language background, and to make the most accurate decision about whether to screen a student's English language proficiency.		

School: CES JES SES EFMS EFHS

Principal: \_\_\_\_\_

Grade: \_\_\_\_\_

Today's Date: Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_

Registered by: \_\_\_\_\_

Address verified by: \_\_\_\_\_

Teacher/Homeroom Assigned: \_\_\_\_\_

Immunization Record Provided: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Last First Middle

Social Security #: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month Day Year

Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

Box or Street Name and Number Town/City Zip code

Physical Address: \_\_\_\_\_

Box or Street Name and Number Town/City Zip code

Student's Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

Does student reside with father? \_\_\_\_\_Yes \_\_\_\_\_No

Does student reside with mother? \_\_\_\_\_Yes \_\_\_\_\_No

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

If student does not reside with father or mother, list the guardian's name and information.

Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Work #: ( \_\_\_\_\_ ) \_\_\_\_\_

Town/Zip code: \_\_\_\_\_

Father's Work #: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Work #: ( \_\_\_\_\_ ) \_\_\_\_\_

Has the child ever attended school of any kind? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, check below:

\_\_\_\_\_Play School \_\_\_\_\_Nursery School \_\_\_\_\_Kindergarten \_\_\_\_\_Pre-Kindergarten \_\_\_\_\_Head Start \_\_\_\_\_Non-categorical Preschool

Has this child ever had a Special Education evaluation? \_\_\_\_\_Yes \_\_\_\_\_No

Check if student is/has been enrolled in any of the following: \_\_\_\_\_Special Education \_\_\_\_\_Speech \_\_\_\_\_Resource

\_\_\_\_\_Gifted & Talented \_\_\_\_\_Self-contained

Has your child ever been enrolled in the East Feliciana Parish Public School System? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, what year? \_\_\_\_\_

If student was not enrolled at this school last year, list the name and address of the last school attended:

\_\_\_\_\_



FAMILY HISTORY

Father's Name:

Last

First

Middle

Date of Birth:

Month

Day

Year

Place of Birth:

City

State

Present Address:

Phone #:

Religion:

(Optional)

Place of Employment:

Phone #:

Highest Level of Education:

(Circle one)

Middle school

High School/GED

2 Year College (Associate Degree)

4 Year College (BA/BS Degree)

Masters Degree

Doctoral Degree

Professional Degree (e.g., MD or JD)

Mother's Name:

Last

First

Middle

Date of Birth:

Month

Day

Year

Place of Birth:

City

State

Present Address:

Phone #:

Religion:

(Optional)

Place of Employment:

Phone #:

Highest Level of Education:

(Circle one)

Middle school

High School/GED

2 Year College (Associate Degree)

4 Year College (BA/BS Degree)

Masters Degree

Doctoral Degree

Professional Degree (e.g., MD or JD)

Parents Separated:

Yes

No

Parents Divorced:

Yes

No

Mother Deceased:

Yes

No

Father Deceased:

Yes

No

LEGAL GUARDIAN OTHER THAN PARENT(S)

Name:

Last

First

Middle

Documentation Provided:

Yes

No

Relationship to Child:

Child

Parent

Grandparent

Other

Date of Birth:

Month

Day

Year

Place of Birth:

City

State

Present Address:

Phone #:

Religion:

(Optional)

Place of Employment:

Phone #:

Highest Level of Education:

(Circle one)

Middle school

High School/GED

2 Year College (Associate Degree)

4 Year College (BA/BS Degree)

Masters Degree

Doctoral Degree

Professional Degree (e.g., MD or JD)

BROTHERS AND SISTERS UNDER 19 FROM OLDEST TO YOUNGEST

NAME OF CHILD	SEX	BIRTH DATE	PLACE OF BIRTH	SCHOOL ATTENDING	GRADE

May your child's name, address, telephone number, grade, date of birth and school attending be released to individuals, groups or organizations requesting it for educational purposes? Yes No

EMERGENCY/MEDICAL INFORMATION VALUABLE TO THE SCHOOL

Name of Student's Doctor:

Phone#:

Doctor's Address:

In case of emergency, contact the following:

1.

Name

Address

Phone #:

2.

Name

Address

Phone #:

3.

Name

Address

Phone #:

Does child have allergies or other medical condition requiring special attention? Yes No  
If yes, explain (medication, medical equipment, etc.)

Please note any physical handicaps of child:

Is a special diet required? Yes No. If yes, explain:

EMERGENCY TREATMENT

has my permission to send/take my child to the nearest  
(Write school name here)  
medical facility capable of treating my child's condition in the event his/her doctor is unavailable. I will be responsible for any expense incurred during the transportation and treatment.

Print Parent's Name: Parent Signature:

Date:

STUDENT PHOTO/MEDIA RELEASE

I hereby grant permission for video recordings and digital photographs to be taken of my child or my child's work as part of his/her participation in the East Feliciana Parish Public School System. I understand that the recordings and images collected will be used for non-profit education purposes. I authorize the East Feliciana Parish Public School System to use my child's image on its websites and/or in printed promotional materials without further consideration. I also acknowledge that the East Feliciana Parish Public School System may choose not to use my child's image at this time, but may do so at its own discretion at a later date. I also understand that once my child's image is posted on the school or district website, the image can be downloaded by a third party. I agree that I will not hold the school or the East Feliciana Parish Public School System responsible for any harm that may arise from such unauthorized reproduction.

Print Parent's Name: Parent Signature:

Date: