Required School Registration Document Shaker Mountain School Union #70 Richmond Consolidated School 1831 State Road, Richmond, MA 01254

HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that <u>all</u> schools determine the language(s) spoken in <u>each</u> student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is <u>required</u> to do further assessment of your child. Please help us meet this important requirement by answering the following questions.

STUDENT INFORMATION		, ,			•	
Last Name	First Name MI					
Country of Birth	Date of Birth		Date	Date first enrolled in US school		
SCHOOL INFORMATION						
Start Date at School	Name of Former School & Town/City			Current Grade		
QUESTIONS FOR PARENTS	/GUARDIANS					
1. What is the primary language used in the home, regardless of the language spoken by the student?		2. Which language(s) are spoken with your child? (including with relatives, caregivers, etc.)				
			seld	om / som	etimes / often / always	
			seld	om / som	etimes / often / always	
3. What language did your child <u>first</u> understand and speak?		4. Which language	do you us	e most w	ith your child?	
5. Which other language(s) does your child know?		6. Which language(s) does your child use?				
speak / read / write / listen		seldom / sometimes / often / always				
	seldom / sometimes / often / always					
7. Will you require written infor	8. Will you require an interpreter/translator at					
translated into your native lang		Parent/Teacher me		Yes	No	
Parent/Guardian Signature	Date					
Richmond Consolidated School Zachary Hould	Multilingual Language Progra e, Telephone: (413) 698-22	am Coordinator: 07 Email: <u>zhoule</u> (@richmond	consolida	ted.org	
OR OFFICE USE ONLY						
□X-2 ELL Data Entry - enter initial	information (Dated Entered US	School. Country of B	irth. Home	Language	e. etc.)	
☐ If Foreign Language - copy and g					,,	
☐ Testing Accomplished / Form retu			Č			
X-2 Data Entry for Test Results a	nd Program Information by Lar	nguage Program Coor	dinator			
Give copy to ELL Liaison and pla	ce original in cumulative folder	- -				
Language Program Coordinator Signature:						