

Hull Public Schools
Home Language Survey

Dear Parents/Guardians:

In order to help your child succeed in school, please answer the following questions for each child in your family. Your answers will help us create the best possible educational program for you child.

1. What language did your child first understand or speak? _____
2. What language do you use most often when speaking with your child at home?

3. What language does your child use most often when speaking with you at home?

4. What language does your child use most often when speaking with family members?

5. What language does your child use most often when speaking with friends?

6. What language(s) does your child read? _____
7. What language(s) does your child write? _____
8. At what age did your child start attending school? _____
9. Has your child attended school every year since that age? ____ Yes ____ No ____
10. How many years has your child attended school in the United States? _____
11. Would you prefer oral and written communication from the school in English or in your home language? _____

Student's Full Name: _____ School _____ Grade _____

Signature of Parent/Guardian and relationship to student _____

To be completed by ELL program staff before placement:

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| Date/School Enrollment: | Student's first name: Student's family name: | Age: Date of birth: Grade: |
| Recommendation: <input type="checkbox"/> Proficiency <input type="checkbox"/> Testing/records review <input type="checkbox"/> No ELL services | | Number of years student In USA: Signature of ELL staff: |