

The New York City Department of Education
Parent/Guardian Home Language Identification Survey

PAGE 1

TO BE COMPLETED BY SCHOOL PERSONNEL

Please do not place student information sticker on this form

District: _____ Borough: _____ School Number: _____ Date: _____

Student Last Name: _____ Student First Name: _____

Student ID#: _____ Grade: _____ Official Class: _____

RELATIONSHIP OF PERSON PROVIDING INFORMATION FOR SURVEY (check one):

☐ Mother ☐ Father ☐ Guardian

☐ Self (Student 18 years or older) ☐ Other (specify): _____

MANDATED INTERVIEW WITH STUDENT AND PARENT (Interview must be in English and, if applicable, the parent's preferred language)

☐ English ☐ Specify home language: _____

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title

_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable.

_____	_____
Last, First Name	Title/Relationship

☐ Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

TWO-LETTER OTELE ALPHA CODE

--	--

NYSITELL-ELIGIBILITY

Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the Language Proficiency Team NYSITELL Determination Form was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

_____	_____
Last, First Name	Title

_____	_____
Signature	Date

Eligible for NYSITELL testing: YES ☐ NO ☐

☐ Check here if this student has an IEP. Date Language Proficiency Team NYSITELL Determination Form was sent to LPT: _____

FURTHER SIFE SCREENING

Is the student eligible for further SIFE screening? (OTEL Code must be other than "NO")

YES ☐ NO ☐

The New York City Department of Education
Parent/Guardian Home Language Identification Survey

PAGE 2

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated.

Thank you.

PART 1. NYSITELL ELIGIBILITY This information provided below will be used along with other information provided to determine your child's home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (v) the box that applies. If another language is used, please specify.

1. What language(s) does the child <u>understand</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	
2. What language(s) does the child <u>speak</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	
3. What language(s) does the child <u>read</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	<input type="checkbox"/> Does not read
4. What language(s) does the child <u>write</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	<input type="checkbox"/> Does not write
5. What language is spoken in the child's home or residence <u>most of the time</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	
6. What language does the child speak with parents/guardians <u>most of the time</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	
7. What language does the child speak with brothers, sisters, or friends <u>most of the time</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) <u>most of the time</u> ?		
<input type="checkbox"/> English	Specify other language(s): _____	

PART 2. PRIOR EDUCATIONAL INFORMATION Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

1. Is this the first time the child has attended a school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, answer questions below:	
• Where did he/she go to school?	
• How long did he/she attend school?	
<input type="checkbox"/> How many hours each day?	
<input type="checkbox"/> How many years of school did he/she attend?	
• Which language was used for instruction?	
• Has there ever been a time when your child missed school for an extended time? If yes, please describe.	
2. Has the child attended school in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, answer questions below:	
• Where did he/she go to school?	
• How long did he/she attend school?	
• Which language was used for instruction?	
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, what language was used?	
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, specify: _____	

PART 3. PARENT INFORMATION Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1.	In what language would you like to receive written information from the school?
2.	In what language would you prefer to communicate orally with school staff?

Parent/Guardian Signature _____

Date _____