



Rochelle Park School District

Board of Education

300 Rochelle Avenue
Rochelle Park, NJ 07662
Phone: 201-843-3120
Fax: 201-843-7293
<http://rp.bergen.org>

Dr. Richard Brockel, Ed. D.
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Cara L. Hurd
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HOME LANGUAGE SURVEY

NAME OF CHILD _____ GRADE _____

Dear Parents/Guardians:

In order to comply with New Jersey State law, we are required to survey new students as to language use, background, so that student help in this regard can be provided if necessary. We appreciate your completion of this form and returning it to our main office. Thank you.

STUDENT INFORMATION			
FIRST NAME	LAST NAME	DATE of BIRTH	GENDER
			Male Female
Country of Birth	Date of Entry in U.S.	Date First Enrolled in a U.S. School	
RACE (Check One)			
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Native Hawaiian Pacific Islander	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> White	
ETHNICITY (Check One)			
<input type="checkbox"/> Hispanic or Latino			
<input type="checkbox"/> Non-Hispanic or Latino			
SCHOOL INFORMATION			
Current School: MIDLAND SCHOOL #1		Person Conducting Survey: SCHOOL OFFICE	
Enrollment Date:		Current Grade:	

Signature of Parent/Guardian

Date



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LANGUAGE(S) BACKGROUND

What language(s) does the child understand?

- ENGLISH
 OTHER (please specify language) _____

What language(s) does the child speak?

- ENGLISH
 OTHER (please specify language) _____

What language(s) does the child read?

- ENGLISH
 OTHER (please specify language) _____

What language(s) does the child write?

- ENGLISH
 OTHER (please specify language) _____

What language is spoken in the child's home most of the time?

- ENGLISH
 OTHER (please specify language) _____

What language(s) does the child speak with siblings the most?

- ENGLISH
 OTHER (please specify language) _____

What language(s) does the child speak with other relatives/care givers most of the time?

- ENGLISH
 OTHER (please specify language) _____



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Is this the first time the child has attended school in the United States?

- YES
 NO

If “NO”, where did the child attend school?

How long did the child attend this school?

Which language was used for instruction?

Did the child participate in an ESL/Bilingual/Dual Language program?

- YES
 NO

If “YES”

How long was the child enrolled in an ESL/Bilingual/Dual Language program?

Which program was the child in?

Is an ESL/Bilingual/Dual Language program still required?

- YES
 NO

Does the child use any other form(s) of communication, such as American Sign Language(s) or Augmentative Communication Device?

- YES
 NO

If “YES” which one? _____

Signature of Parent/Guardian

Date