



# Rochelle Park School District

Board of Education

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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	
<b>RACE (Check One)</b>			
<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	
<b>ETHNICITY (Check One)</b>			
<input type="checkbox"/> Hispanic or Latino			
<input type="checkbox"/> Non-Hispanic or Latino			
SCHOOL INFORMATION			
Current School: <b>MIDLAND SCHOOL #1</b>		Person Conducting Survey: <b>SCHOOL OFFICE</b>	
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?

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**How long did the child attend this school?**

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**Which language was used for instruction?**

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**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?

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**Which program was the child in?**

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**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? \_\_\_\_\_

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Signature of Parent/Guardian

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Date