

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

**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**

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**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

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 (✓) 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 <input type="checkbox"/> Specify other language(s): _____
2. What language(s) does the child <u>speak</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
3. What language(s) does the child <u>read</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not read
4. What language(s) does the child <u>write</u> ?
<input type="checkbox"/> English <input type="checkbox"/> 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 <input type="checkbox"/> Specify other language(s): _____
6. What language does the child speak with parents/guardians <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span> If NO, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
○ How many hours each day?
○ 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 <u>another country</u> ? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span> 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)? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span> 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)? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>  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 \_\_\_\_\_