

HAMPSHIRE REGIONAL AND
CHESTERFIELD-GOSHEN SCHOOL DISTRICTS
AND THE PUBLIC SCHOOL DISTRICTS OF
SOUTHAMPTON WESTHAMPTON WILLIAMSBURG

Office of Special Education, 19 Stage Road, Westhampton, MA 01027-9655
(413)527-7202 FAX (413)529-9497

Laurie B. Farkas
Special Education
Administrator
lfarkas@hr-k12.org

Taffy Bassett-Fox
Special Education
Secretary
tbassettfox@hr-k12.org

Dear Parent or Guardian,

Your child's registration includes the completion of Home Language Survey that is required by the Massachusetts Department of Education for all students entering the District. This information will be used to assist us in planning appropriate programs of instruction to meet the needs of your child.

Please answer each question. Then, sign the form and return it to the office of the school in which you are registering your child.

Thank you,
The Pupil Services Department

Home Language Survey

Date of Enrollment: _____ School: _____

Student Name: _____ Date of Birth _____

Country of Birth: _____ Grade: _____

1. What was the first language the student learned to speak? _____

2. What language does the student speak most often? _____

3. What is the language most often spoken in the student's home? _____

4. Is another language spoken at home to this student? Yes__ What?_____ No__

5. Does the student understand the other language spoken at home? Yes__ No__

6. What language does your child read? _____

7. What language does your child write? _____

8. At what age did your child start attending school? _____

9. Do you prefer oral or written communication from the school in English or your home language? _____

Name _____ Signature _____

*CC: Student file
Principal/Teacher/Guidance*