

The New York City Department of Education Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian of _____ (enter student name here),
 This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator, _____, and if you have questions, speak with _____ at _____.
 Thank You Student ID: _____

PART 1. LANGUAGE NEEDS: This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (✓) all that apply:		
<input type="checkbox"/> English	<input type="checkbox"/> Urdu	
<input type="checkbox"/> Spanish	<input type="checkbox"/> French	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	
<input type="checkbox"/> Bengali	<input type="checkbox"/> Albanian	
<input type="checkbox"/> Arabic	<input type="checkbox"/> Punjabi	
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Polish	
<input type="checkbox"/> Russian	<input type="checkbox"/> Other, please specify _____	
2. What language does the child understand ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
3. What language does the child speak ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
4. What language does the child read ? Does not read yet <input type="checkbox"/>		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
5. What language does the child write ? Does not write yet <input type="checkbox"/>		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
6. What language is spoken in the child's home or residence most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
7. What language does the child speak with parents/guardians most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
8. What language does the child speak with brothers, sisters, or friends most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
9. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time ?		
English <input type="checkbox"/>	Other Home Language(s) <input type="checkbox"/>	
10. Would you like your child to receive instruction using your home language (if available):		
<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time



The New York City Department of Education Pre-Kindergarten Language Needs Survey



TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY					
Date:	Name of Student/ID:				
Borough:	District:	School:			
Gender:	Ethnicity Code: (form PSE):	Date of Birth:			
Relationship of person providing information for survey (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):					
If an interview is conducted, in what language is it conducted?					
Is a translator/interpreter used?					
OTELE Alpha Code <table border="1"><tr><td></td><td></td><td></td></tr></table>					
Potential English Language Learner?					
Instruction will be provided in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____					