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:

□ English	□ Urdu
□ Spanish	□ French
□ Chinese	□ Korean
□ Bengali	□ Albanian
□ Arabic	□ Punjabi
□ Haitian Creole	□ Polish
□ Russian	□ Other, please specify_____

2. What language does the child **understand**?

English □ Other Home Language(s) □:

3. What language does the child **speak**?

English □ Other Home Language(s) □:

4. What language does the child **read**? Does not read yet □

English □ Other Home Language(s) □:

5. What language does the child **write**? Does not write yet □

English □ Other Home Language(s) □:

6. What language is spoken in the child's home or residence **most of the time**?

English □ Other Home Language(s) □:

7. What language does the child speak with parents/guardians **most of the time**?

English □ Other Home Language(s) □:

8. What language does the child speak with brothers, sisters, or friends **most of the time**?

English □ Other Home Language(s) □:

9. What language does the child speak with other relatives or caregivers (e.g., babysitters) **most of the time**?

English □ Other Home Language(s) □:

10. Would you like your child to receive instruction using your home language (if available):

□ All the time □ Most of the time □ Some of the time

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PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this your child's first time participating in an instructional program or group experience in the U.S.?

   □ Yes □ No

   IF NO:

   a. Where did he/she go participate in daycare/preschool/play group?

   b. What was the date of enrollment?

   c. How long did he/she attend?

   d. Which language was used for instruction?

2. Has your child participated in an instructional program or group experience in another country?

   □ Yes □ No

   IF YES:

   a. Where did he/she participate in daycare/preschool/play group?

   b. How long did he/she attend?

   c. Which language was used for instruction?

3. Does your child have any conditions that require special help or attention in school? □ Yes □ No

   IF YES, please check all that apply:

   □ Hearing impaired
   □ Visually impaired
   □ Speech impaired
   □ Physically impaired
   □ Emotionally impaired
   □ Asthma
   □ Developmentally Disabled
   □ Other (Please Specify)_____

   IF YES, what early intervention has your child received, if any?

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)? □ Yes □ No

   IF YES: Which ones?

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. What is your first language?

   Parent/Guardian: _____ Parent/Guardian: _____

   First language: _____ First language: _____

2. In what language would you like to receive written information from the school?

3. In what language would you prefer to communicate orally with school staff?

_____

Parent Signature Date

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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): □ Mother □ Guardian □ Father □ Other (specify):		
If an interview is conducted, in what language is it conducted?		
Is a translator/interpreter used?		
OTELE Alpha Code		
Potential English Language Learner?		
Instruction will be provided in: □ English □ Spanish □ Other _____ □ Both English and the home language of _____		