

Please file original with student's records.  
Forward a copy to your District ESL Administrator.

**PARENTS PLEASE NOTE:** Only complete if you answered "Yes" to question #2 or wrote a language other than English on questions #5 on the HOME LANGUAGE SURVEY

PA Secure ID: \_\_\_\_\_  
School District: ALLEGHENY VALLEY  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**English as a Second Language  
Student Background Questionnaire**



Student's Name: \_\_\_\_\_  
(First) (Last)

Male / Female (circle one)    Birthday: \_\_\_\_\_ (month) (day) (year)    Age: \_\_\_\_\_    Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_    Father's Native Country: \_\_\_\_\_

Mother's Name: \_\_\_\_\_    Mother's Native Country: \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_  
\_\_\_\_\_

Names and relationships of others living in the home: \_\_\_\_\_  
\_\_\_\_\_

Was your child born outside the U.S?    No    Yes    If yes, list the country: \_\_\_\_\_

Child's First Spoken Language: \_\_\_\_\_

When did this student come to the United States? \_\_\_\_\_

What language is used with parents? \_\_\_\_\_    With siblings? \_\_\_\_\_  
With friends? \_\_\_\_\_

If your child is cared for by another person, what language is most often used? \_\_\_\_\_

Is an interpreter needed for home/school communication?    No    Yes

My child...	Very well	Only a little	Not at all
Reads English			
Writes English			
Reads first language			
Writes first language			



## English as a Second Language Student Background Questionnaire (cont.)

Student's Name: \_\_\_\_\_

### SCHOOL HISTORY

Please give the following information. Fill in name of each school one time. Indicate any breaks in schooling. Give any information that would help us understand your student's background better.

Age	Grade	Name of School	Location	Language(s) Used
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18+				

Last grade completed: \_\_\_\_\_ When? \_\_\_\_\_

Has your child studied English?                      No      Yes      How long? \_\_\_\_\_

Has your child ever received ESL instruction?      No      Yes      Where? \_\_\_\_\_

Additional information you want us to know:

Student's special interests: \_\_\_\_\_

In school, student does well in: \_\_\_\_\_

Special medical problems the school should know about:

\_\_\_\_\_

Does your child have learning difficulties? \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Form filled out by: \_\_\_\_\_

(Signature)

(Date)

Student grade placement (if determined): \_\_\_\_\_