



# Gateway School District

## ENGLISH AS A SECOND LANGUAGE PROGRAM

### Student Background Questionnaire

Student's Name:	Age:	Date of Birth:
Address:		
Phone:	Grade:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Was the child born outside of the United States? ☐ No ☐ Yes Country of Birth: \_\_\_\_\_

If Yes, When did this student come to the United States? Month: \_\_\_\_\_ Year: \_\_\_\_\_

What was the child's first spoken language? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

1. <u>When at home</u> , how often does this student <b>HEAR</b> a language other than English?	<input type="checkbox"/> Never Skip 2,3,4,5	<input type="checkbox"/> Occasionally Go to 2	<input type="checkbox"/> Often Go to 3	<input type="checkbox"/> 100% or near 100% of the time Skip 2,3,4,5
2. <u>When at home</u> , how often does this student <b>SPEAK</b> a language other than English?	<input type="checkbox"/> Always Skip 2,3,4,5	<input type="checkbox"/> Occasionally Go to 3	<input type="checkbox"/> Never Skip 3,4,5	
3. <u>When interacting with their parents or guardians</u> , how often does this student <b>HEAR</b> a language other than English?	<input type="checkbox"/> Never Go to 4	<input type="checkbox"/> Occasionally Go to 4	<input type="checkbox"/> Often Skip 4,5	
4. <u>Within the last 12 months, when interacting with caregivers other than parents/guardians</u> , how often did this student <b>HEAR</b> a language other than English?	<input type="checkbox"/> Never Go to 5	<input type="checkbox"/> Occasionally Go to 5	<input type="checkbox"/> Often Skip 5	
5. <u>When interacting with siblings or other children at home</u> , how often does this student <b>HEAR</b> or <b>USE</b> a language other than English?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	

INFORMATION FOR FATHER	INFORMATION FOR MOTHER
Father's Name: _____ Occupation: _____ Father's Native Country: _____ Native Language:: _____ Father's Primary Country of Education: _____	Mother's Name: _____ Occupation: _____ Mother's Native Country: _____ Native Language: _____ Mother's Primary Country of Education: _____

Parent's Level of English Proficiency:

Father Communicates: ☐ Very Well ☐ Somewhat ☐ Little to None

Mother Communicates: ☐ Very Well ☐ Somewhat ☐ Little to None

	Name	Relationship
Names and relationships of others (not siblings) living in the home:		



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### Brothers/Sisters:

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Scholastic History of Student

Please provide the name and location of the schools your child attended. This information will help us assess your child's level of need for English Language Learning.

Age	Grade	State (City & School if PA)	Country	Primary Language
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Can student speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Little to None
Can student read English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Little to None
Can student write English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Little to None
Has your child studied English?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How Long? _____	
Has your child ever received ESL instruction?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, where? _____	

### Health Information:

List of dietary restrictions: \_\_\_\_\_

Special medical problems/conditions, allergies, etc. \_\_\_\_\_

### Other Information:

List student's special interests or hobbies: \_\_\_\_\_

List any areas in school where the student does well: \_\_\_\_\_

Does the student have any learning difficulties? \_\_\_\_\_

### Comments:

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Name of translator (if necessary): \_\_\_\_\_ Phone: \_\_\_\_\_