

PA Secure ID: \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Please send to Leslie Fields  
at CV High School (please initial and date) \_\_\_\_\_

Send a copy to your ESL Teacher (please initial and date) \_\_\_\_\_

Place a copy in the student's permanent file folder (please initial and date) \_\_\_\_\_

Revised 8/30/2013

# CHARTIERS VALLEY

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## SCHOOL DISTRICT

 | *Inspiring excellence.*

### English as a Second Language Student Background Questionnaire

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

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

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			



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	Year	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? \_\_\_\_\_

Has your child exited from an ESL program?

No  Yes

When? \_\_\_\_\_

How long is your child planning on living in the US? \_\_\_\_\_

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): \_\_\_\_\_