

**Wilton-Lyndeborough Cooperative School District
School Administrative Unit # 63**

192 Forest Rd Lyndeborough, NH 03082
603-732-9227

Peter Weaver
Superintendent of Schools

Ned Pratt
Director of Student Support Services

Kristie LaPlante
Business Administrator

HOME LANGUAGE SURVEY

Please check school student will attend

GRADES: Pre-K - Kindergarten

Lyndeborough Central School
192 Forest Road Lyndeborough, NH 03082
Phone: 603-732-9228 / FAX: 603-654-6884

GRADES: 1 - 5

Florence Rideout Elementary School
18 Tremont St Wilton, NH 03086
Phone: 603-732-9229 / FAX: 603-654-3490

Student Information

_____ Last name: _____ First name _____ Date of Birth _____
 Female Male _____ Country of Birth: _____ Month _____ Year _____
_____ Date first enrolled in a U.S. school: _____ Current grade: _____

Family Information

_____ Name of parent/legal guardian: _____ Phone number: _____
_____ Street address _____ Please translate school notices _____ Language: _____
_____ Town _____

Questions for Parents/Guardians

Please list all languages spoken in your home. _____

Which language did your child first hear or speak? _____

If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.

Which language(s) do you speak to your child? _____

Which language(s) does your child speak at home with adults? _____

Which language(s) does your child speak at home with other children? _____

For parents and guardians: If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

Instructions for survey administrator:

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. *Date of referral to ESOL teacher:* _____
3. File original Home Language Survey in student's cumulative folder.

