



**HOME LANGUAGE QUESTIONNAIRE**  
MECHANICVILLE CITY SCHOOL DISTRICT  
25 KNISKERN AVENUE, MECHANICVILLE, NEW YORK 12118  
WWW.MECHANICVILLE.ORG

In order to provide your child with the best possible education, we need to determine how well he/she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

1. What language(s) is spoken in the student's home or residence? \_\_\_\_\_  
 ENGLISH  OTHER \_\_\_\_\_
2. What language(s) are spoken most of the time to the student, in the home or residence?  
 ENGLISH  OTHER \_\_\_\_\_
3. What language(s) does the student understand?  
 ENGLISH  OTHER \_\_\_\_\_
4. What language(s) does the student speak?  
 ENGLISH  OTHER \_\_\_\_\_
5. What language(s) does the student read?  
 ENGLISH  OTHER \_\_\_\_\_  DOES NOT READ
6. What language(s) does the student write?  
 ENGLISH  OTHER \_\_\_\_\_  DOES NOT WRITE
7. In your opinion, how well does the student understand, speak, read and write English? (Circle one)

|                       |                  |                      |                   |
|-----------------------|------------------|----------------------|-------------------|
| • Understands English | <i>Very well</i> | <i>Only a little</i> | <i>Not at all</i> |
| • Speaks English      | <i>Very well</i> | <i>Only a little</i> | <i>Not at all</i> |
| • Reads English       | <i>Very well</i> | <i>Only a little</i> | <i>Not at all</i> |
| • Writes English      | <i>Very well</i> | <i>Only a little</i> | <i>Not at all</i> |
8. Has your child ever received ESL (English as a Second Language) Services or Bilingual Education?  
 YES  NO If Yes, When: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_