

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

Student ID: _____
 School: _____
 Grade: _____

Riverview School District
ENGLISH AS A SECOND LANGUAGE
STUDENT BACKGROUND QUESTIONNAIRE

Student's Name: _____ (First) _____ (Last)
Male/Female **Birth**day: _____ **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 USA? No Yes **If yes, list the country:** _____

Child's First Spoken Language: _____

When did this student come to the USA?: _____

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	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? No Yes

Other: _____

Form filled out by: _____
(Signature) (Date)

Student grade placement (if determined): _____