	Student ID:
Please file original with student's records.	School:
Forward a copy to the District ESL Administrator.	Grade:

Riverview School District ENGLISH AS A SECOND LANGUAGE STUDENT BACKGROUND QUESTIONNAIRE

Student's Name	e:				
		(First)		(Last)	
Male/Female	Birthday:			Telephone:	
Address:		(month) (day) (yea	,		
Father's Name:			Father	s Native Country:	
Mother's Name			Mother	's Native Country:	
Names and age	s of brothers	and sisters:			
Names and rela	tionships of	others living in (the home:		
Was your child	born outsid	e the USA?	lo □Yes If ye	es, list the country:	
Child's First Sp	ooken Langu	lage:			
When did this s	tudent come	e to the USA?: _			
				_ With siblings:	
		friends?			
If your child is				e is most often used?	
Is an interprete	r needed for	· home/school co	mmunication?	□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 <u>one</u> 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+			
las you las you	ır child studie ır child ever r	d English? □No □Yes How long? _	
÷	Student's spe	cial interests:	
I	In school, stu	dent does well in:	
;	Special medio	cal problems the school should know about:	
-	Does your ch	ild have learning difficulties? □No □Yes	
	Other:		
		Form filled out by:	
		(Signature)	(Date)
		Student grade placement (if determined):	