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

Student's Name:

Student ID:	
School:	
Grade:	

## **Allegheny Valley School District**



## ENGLISH AS A SECOND LANGUAGE STUDENT BACKGROUND QUESTIONNAIRE

*	(First)		(Last)	
Male/Female Birthday:	( ) (1 ) ( )	Age:	Telephone:	
Address:	(month) (day) (year)		1-1- <sub>1-1</sub> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Father's Name:		Father's	Native Country:	Κ.
Mother's Name:		_ Mother's	Native Country:	
Names and ages of brothers	s and sisters:			
Names and relationships of	others living in the h	nome:		
Was your child born outsid				
Child's First Spoken Langu				
When did this student come	e to the USA?:			
What language is used with	parents?		With siblings:	
	n friends?			
If your child is cared for by				1
Is an interpreter needed for	home/school commu	inication?	□No □Yes	
Mar abild	W	-m	Only a little Not at a	-II

My child	Very well	Only a little	Not at all
Reads English			
Writes English			
Reads first language			
Writes first language			

	Grade	Name of School: Location	Language(s) Used
4			
5			
6			
7			9
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18+			
ast gra	de complete	d: When?	
as you	ır child studie	ed English?	
as you	ır child ever r	eceived ESL instruction?	
dditior	nal informatio	on you want us to know:	
,	Student's sp	ecial interests:	
	ln school, stu	udent does well in:	
		cal problems the school should know about:	
,			
,	Does your ch	nild have learning difficulties?	

Student's Name: