

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name _____ Middle Name _____ Last Name _____ Gender F ☐ M ☐

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____

School Information

09 /05 /2018 Robinson Elementary, Mansfield MA K
 Start Date in New School (mm/dd/yyyy) Name School and Town Enrolling Grade

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)

Source: <http://www.doe.mass.edu/ell/hlsurvey/> (multiple languages available)

All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.

Student Race / Ethnicity Self-Identification Worksheet

To be completed by school

Race Code:

YOG:

Entry Date:

School:

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PLEASE PRINT

Student's Name: _____

Grade: _____

Last Name

First Name

Please answer BOTH questions 1 and 2.**1. Is this student Hispanic or Latino? (choose only one)**

- ☐ No, Not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican Cuban, South or Central American, or other Spanish culture or origin, regardless of race).

2. What is student's race? (choose all that apply)☐ **American Indian or Alaska Native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American**

A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____ Date: _____

Student Name _____ Sex: F ___ M ___ Grade ___K___
First (Full Middle Name) Last

Home Telephone _____ Birth Place _____
City _____ State _____

Form C

KINDERGARTEN PARENT QUESTIONNAIRE

Please answer the questions on this form in the best way you can. Your answers on this form will be very helpful to school staff. This questionnaire is confidential, and your responses will be shared only with professional personnel. If you have any concerns that you would like to discuss with one of our counselors, please call **508-261-7510**.

CHILD'S NAME _____ NICKNAME _____

DATE OF BIRTH _____ (Child is: Oldest____, Middle____, Youngest____, Only____)

I. PARENT/HOME INFORMATION

- a. Married____ Single____ Separated____ Divorced____ Widowed____
Other _____
- b. Mother _____ Work Place/Occupation _____
- c. Father _____ Work Place/Occupation _____
- d. Child lives with: Mother____ Father____ Both ____ Other _____
- e. Other adult's in child's home _____
- f. Custodial parents not living in home _____
- g. Are there any potential custody concerns or court orders involving your child? Yes____ No____
(If there is a court order, we **must** have a current copy on file)
- h. Have there been any significant transitions or losses during the child's life (i.e. moves, death, separation/divorce, marriage, births, new people joining the family-girl/boyfriends, etc.)? If so, please indicate here _____
- i. Has this resulted in an adjustment to a new family system? _____

II. OTHER CHILDREN IN THE FAMILY

- a. Please list name and date of birth of other children in family unit:

- b. Do any of your children have difficulty in school?

Name _____ Name _____

School _____ School _____

Difficulty _____ Difficulty _____

III. CHILD'S SCHOOL HISTORY

- a. Has the child attended preschool? Yes____ (Name of school? _____) No____
Number of days per week: _____ Age(s) child attended: _____

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- b. Has your child ever participated in any other group and/or activity (i.e. camp, dance class, etc.)?

If yes, please list type of activity _____ No _____

- c. Has the instructor ever indicated any concerns to you? _____

IV. DEVELOPMENTAL HISTORY

- a. Child's birth weight _____ lbs. _____ oz. Full term? Yes _____ No _____

Any complications/difficulties during pregnancy and/or delivery? Yes _____ No _____

If yes, please list _____

- b. Are you, or has your physician ever felt concerned about your child's development? Yes _____

No _____ If yes, please list _____

- c. At what age did your child first speak? _____ At what age did your child begin walking? _____

V. STATEMENTS

- a. Please check the appropriate answer for each of the following statements:

	Yes	Sometimes	No	Not Sure
1. Gets along well with other children.	_____	_____	_____	_____
2. Expresses self well.	_____	_____	_____	_____
3. Is able to share toys.	_____	_____	_____	_____
4. Is able to wait his/her turn.	_____	_____	_____	_____
5. Can others understand your child when talking?	_____	_____	_____	_____
6. Accepts changes in routine easily.	_____	_____	_____	_____
7. Can transition easily from one activity to the next.	_____	_____	_____	_____
8. Accepts discipline and limits.	_____	_____	_____	_____
9. Can follow two-step directions.	_____	_____	_____	_____
10. Handles frustration well.	_____	_____	_____	_____
11. Argues when denied own way.	_____	_____	_____	_____
12. Handles stressful situations well.	_____	_____	_____	_____
13. Has tantrums (stamps feet, screams, etc.).	_____	_____	_____	_____
14. Cooperates willingly.	_____	_____	_____	_____
15. Enjoys physical activities.	_____	_____	_____	_____
16. Is able to manage toilet on his/her own.	_____	_____	_____	_____

- b. Do you foresee your child having difficulty separating from you in the fall? Yes _____ No _____

- c. Is there any additional information that will help us understand your child?

☐ Changes made

**Robinson Elementary School
Emergency / Dismissal Form**

Listed below is the Emergency Contact and Dismissal Information on record at Robinson Elementary School. Please review the report for accuracy and make any updates / changes as needed. When the form is complete, please sign the bottom and return it to the main office at the school.

Name
Address

Phone
Birth Date
Gender
Town of Birth

Grade Level
HR Teacher

1. Student lives with: Mother _____, Father _____, Both Parents _____, Guardian _____

2. Please provide a primary email address: _____

(To be used with our School Messaging system to contact you in a non-emergency situation - one per family - please print legibly)

3. In the event of sudden illness or accident, to whom may we dismiss this child?

Relation	Contact Name	Contact Priority	Home Phone	Work Phone	Cell Phone	Email
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The asterisk (*) indicates the contact lives with the student.

Please make any additions to your contact list below:

Relation	Contact Name	Contact Priority	Home Phone	Work Phone	Cell Phone	Email
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4. Please list below the addresses of any parent/guardian that does not live with the student:

5. Names and grades of siblings in Mansfield Public Schools

6. Please check all that applies to your child: (confidential information may be given directly to the school nurse)

☐ ADHD ☐ Asthma ☐ Diabetes ☐ Seizure Disorder ☐ Allergies (specify food, environment, other) _____
☐ Other Medical Issues: _____

☐ Medications (please list name and dose) _____
☐ Hearing Problems (specify) ☐ Left Ear ☐ Right Ear ☐ Hearing Aids
☐ Vision Problems (specify) ☐ Wears Eyeglasses ☐ Wears Contact Lenses

7. Health Insurance: _____ Dental Insurance: _____

8. Physician Name & Phone: _____ Dentist Name & Phone: _____

Please sign below if you give us permission to share/consult regarding this information with staff and emergency medical

Parent's Signature: _____ Date: _____