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

PA Secure ID: _____
School District: _____
School: _____ Grade: ___

English as a Second Language
Student Background Questionnaire

Student's Name: _____
(First) (Last)

Male / Female Birthday: _____ Age: _____ Telephone: _____
circle one (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 U.S? ☐ No ☐ Yes If yes, list the country: _____

Child's First Spoken Language: _____

When did this student come to the United States? _____

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? _____

Other: _____

_____

Form filled out by: _____

(Signature) (Date)

Student grade placement (if determined): _____