Family Interview

Conducted by district-trained enrollment personnel - not to be completed by the parent/guardian

Date:	Phone:	
Name of Student:	PASID:	
Students Date of Birth:	Age:	_
Student's Date of Entry to U.S. (if born in the U.S., then	n same as DOB):	
Parent Country of Origin:	_	
Student Country of Origin:	_	
Parents' Primary Country of Education:		_

Complete the following table for the student. Indicate if the student moved schools, states, or countries during a school year.

Grade	State (City & School if PA)	Country	Primary Language of Instruction
Pre K			
к			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

1. Is this student a Native Alaskan, Native American, or Native Hawaiian?

 \Box YES \Box NO

2. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

 \Box YES \Box N0

3. When at home, how often does this student hear a language other than English?

\Box Always \Box 0 o	casiona lly	□ Never
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4. When at home, how often does this student speak a language other than English?

□ Always □ 0 ccasionally □ N ever

5. When interacting with their parents or guardians, how often does this student hear a language other than English?

 \Box Always \Box 0 ccasionally \Box N ever

6. Within the last 12 months, when interacting with caregivers other than parents/guardians, how often did this student hear a language other than English?

 \Box Always \Box 0 ccasionally \Box N ever

7. When interacting with siblings or other children in their home, how often does this student hear or use a language other than English?

 \Box Always \Box 0 ccasionally \Box N ever