

**NASHUA SCHOOL DISTRICT  
NASHUA, NEW HAMPSHIRE**

**PRIMARY HOME LANGUAGE CENSUS**  
(CENSO DEL IDIOMA PRINCIPAL QUE SE HABLA EN EL HOGAR)  
(PRIMEIRO CENSO DE CASA)

**THIS FORM NEEDS TO BE  
COMPLETED ON ALL STUDENTS,  
REGARDLESS OF PRIMARY  
LANGUAGE SPOKEN**

**Federal mandates require that we ask parents to complete a Home Language Survey to identify and provide services for non-English proficient students.**

(Por mandato federal se nos exige que le pidamos a los padres que completen este censo y que indiquen el idioma principal que se habla en el hogar. Así podemos identificar y proveer servicios para los estudiantes que no dominan el inglés.)

(Mandatos Federais requerem que nós solicitemos aos pais que completem esta ficha de pesquisa de idioma com o objetivo de identificar e prover serviços a estudantes habilitadosos não ingleses)

**Name of Student:**

(Nombre del Estudiante):

(Nome do Estudante):

**Address:**

(Dirección)

(Endereço)

**Phone:**

(Telefono)

(Telefone)

**School:**

(Escuela)

(Escola)

**Grade:**

(Grado)

(Grau)

**Age:**

(Edad)

(idade)

**1. What language did your child first learn to speak?**

¿Qué idioma aprendió su hijo a hablar primero?

Que idioma sua criança aprendeu primeiro a falar?

**2. What language do you most often speak to your child?**

¿Qué idioma usa usted más a menudo para hablar con sus hijos en casa?

Que idioma sua criança frequentemente usa quando está falando com seus pais em casa?

**3. What language does your child most often use when speaking with parents at home?**

¿Qué idioma usa su hijo más a menudo para hablar con usted en casa?

Que idioma sua criança frequentemente usa quando está falando com seus pais em casa?

**4. What language does your child most often use when speaking with brothers and sisters at home?**

¿Qué idioma usa su hijo más a menudo para hablar con sus hermanos y hermanas en casa?

Que idioma sua criança frequentemente usa quando está falando com os irmãos e irmãs em casa?

**5. What language does your child most often use when speaking with relatives at home?**

¿Qué idioma usa su hijo más a menudo para hablar con otros familiares en casa?

Que idioma sua criança usa frequentemente quando está falando com parentes em casa?

**6. What language does your child most often use when speaking with friends?**

¿Qué idioma usa su hijo más a menudo para hablar con amigos?

Que idioma sua criança usa frequentemente quando está falando com amigos?

**Place of Birth**

Lugar de Nacimiento

City

Ciudad

Country

Pais

If U.S., State

si en E.U., Estado

Lugar de nascimento

Cidade

País

Se nos Estados Unidos, em que cidade e estado

**If Place of Birth is not the United States, please fill in the following:**

Si el lugar del nacimiento no es los E.E.U.U., complete por favor el siguiente:

Se o lugar de nascimento não for ESTADOS UNIDOS, preencha por favor o seguinte:

**Date of Entry into U.S.**

Fecha de llegada a los Estados Unidos

Data de entrada nos Estados Unidos

**Years of Schooling in Home Country**

Años de educación en el país natal

Anos de ensino no seu país

**Highest Grade Level Completed in Home Country**

Ultimo grado terminado en el país natal

Até que série

<b>Status Date:</b> <i>Date of this update</i>	<b>LEP ID Method:</b> <input type="checkbox"/> Placement test <input type="checkbox"/> Transfer	<b>LEP Indicator</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monitored	<b>Parent Permission Code</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Parent Declined Reason</b>
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<b>LEP Program</b> <input type="checkbox"/> PULL OUT <input type="checkbox"/> PUSH IN <input type="checkbox"/> MON. 1 <sup>ST</sup> YR <input type="checkbox"/> MON. 2 <sup>ND</sup> YR <input type="checkbox"/> RELEASED	<b>ESL</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bilingual</b> <i>Not updated at this time</i>	<b>Language of Instruction</b> <i>Not updated at this time</i>	<b>Prof Level:</b> <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N	<b>Entry Date:</b> <i>Date of entry into ELL program</i>	<b>Exit Date</b> <i>Date of exit out of ELL program</i>	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>LAB Score Initial</b>	<i>Not updated at this time</i>	<b>Opted out of the Bilingual Program</b>	<i>Not updated at this time</i>
<b>Reading Test Score</b>	<i>Not updated at this time</i>	<b>Bilingual Program Acceptance Letter Sent</b>	<i>Not updated at this time</i>
<b>LEP Deferred Placement</b>	<i>Not updated at this time</i>	<b>Bilingual/ESL Summer School Indicator</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ELLP Status</b>	<i>Not updated at this time</i>		

<b>Home Language</b> <i>Please select below:</i>	<b>Home Language</b> <i>(automatically updated)</i>	<b>Country</b> <i>Not updated at this time</i>	<b>Date</b> <i>Not updated at this time</i>	<b>Primary Language</b> <i>Please Select below:</i>	<b>Country</b> <i>Not updated at this time</i>	<b>Date</b> <i>Not updated at this time</i>			
<input type="checkbox"/> ASL <input type="checkbox"/> ARABIC <input type="checkbox"/> ARMENIAN <input type="checkbox"/> BENGALI <input type="checkbox"/> BOSNIAN <input type="checkbox"/> BULGARIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> CREOLE <input type="checkbox"/> DUTCH <input type="checkbox"/> EQYPTIAN	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FINNISH <input type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> GREEK <input type="checkbox"/> GUJARATI <input type="checkbox"/> HAITIAN <input type="checkbox"/> HEBREW <input type="checkbox"/> HINDI <input type="checkbox"/> ITALIAN	<input type="checkbox"/> JAPANESE <input type="checkbox"/> KANNADA <input type="checkbox"/> KHMER <input type="checkbox"/> KIKUYU <input type="checkbox"/> KMER <input type="checkbox"/> KOREAN <input type="checkbox"/> LAO <input type="checkbox"/> LATVIAN <input type="checkbox"/> MANDARIN <input type="checkbox"/> NEPALI	<input type="checkbox"/> POLISH <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> PUNJABI <input type="checkbox"/> ROMANIAN <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SLOVAK <input type="checkbox"/> SPANISH <input type="checkbox"/> TAGALOG <input type="checkbox"/> TAMIL <input type="checkbox"/> OTHER:	<input type="checkbox"/> TELUGU <input type="checkbox"/> THAI <input type="checkbox"/> TURKISH <input type="checkbox"/> TWI <input type="checkbox"/> UKRAINIAN <input type="checkbox"/> UNSPECIFIED <input type="checkbox"/> URDU <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> VISAYAN	<input type="checkbox"/> ASL <input type="checkbox"/> ARABIC <input type="checkbox"/> ARMENIAN <input type="checkbox"/> BENGALI <input type="checkbox"/> BOSNIAN <input type="checkbox"/> BULGARIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> CREOLE <input type="checkbox"/> DUTCH <input type="checkbox"/> EQYPTIAN	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FINNISH <input type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> GREEK <input type="checkbox"/> GUJARATI <input type="checkbox"/> HAITIAN <input type="checkbox"/> HEBREW <input type="checkbox"/> HINDI <input type="checkbox"/> ITALIAN	<input type="checkbox"/> JAPANESE <input type="checkbox"/> KANNADA <input type="checkbox"/> KHMER <input type="checkbox"/> KIKUYU <input type="checkbox"/> KMER <input type="checkbox"/> KOREAN <input type="checkbox"/> LAO <input type="checkbox"/> LATVIAN <input type="checkbox"/> MANDARIN <input type="checkbox"/> NEPALI	<input type="checkbox"/> POLISH <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> PUNJABI <input type="checkbox"/> ROMANIAN <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SLOVAK <input type="checkbox"/> SPANISH <input type="checkbox"/> TAGALOG <input type="checkbox"/> TAMIL <input type="checkbox"/> OTHER:	<input type="checkbox"/> TELUGU <input type="checkbox"/> THAI <input type="checkbox"/> TURKISH <input type="checkbox"/> TWI <input type="checkbox"/> UKRAINIAN <input type="checkbox"/> UNSPECIFIED <input type="checkbox"/> URDU <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> VISAYAN

<b>Place</b>	<b>County</b> <i>Not updated at this time</i>	<b>State: (only use if United States)</b>
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<b>Citizenship</b> <i>Not updated at this time</i>	<b>Birth Certificate</b> <i>Not updated at this time</i>	<b>Early Dismissal Time</b> <i>Not updated at this time</i>
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<b>Years of Schooling in Home Country</b> <i>Not updated at this time</i>	<b>Highest Grade Level Completed in Home Country</b>	<b>Year Started Education in US</b> <i>Not updated at this time</i>
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<b>Country of Origin</b> <i>Please check one below:</i>	<b>Date Entered US Schools</b>	<b>Years of Schooling Outside US Schools</b>	<b>Years in US Schools</b> <i>Not updated at this time</i>	
<input type="checkbox"/> ALGERIA <input type="checkbox"/> ARGENTINA <input type="checkbox"/> AUSTRALIA <input type="checkbox"/> BELGIUM <input type="checkbox"/> BOLIVIA <input type="checkbox"/> BRAZIL <input type="checkbox"/> BULGARIA <input type="checkbox"/> CAMBODIA <input type="checkbox"/> CAMEROON <input type="checkbox"/> CANADA <input type="checkbox"/> CHILE <input type="checkbox"/> COLOMBIA	<input type="checkbox"/> DOM REPUBLIC <input type="checkbox"/> ECUADOR <input type="checkbox"/> EL SALVADOR <input type="checkbox"/> ENGLAND <input type="checkbox"/> FRANCE <input type="checkbox"/> GERMANY <input type="checkbox"/> GHANA <input type="checkbox"/> GUATEMALA <input type="checkbox"/> GUYANA <input type="checkbox"/> HAITI <input type="checkbox"/> HONDURAS <input type="checkbox"/> INDIA	<input type="checkbox"/> IRELAND <input type="checkbox"/> ISRAEL <input type="checkbox"/> ITALY <input type="checkbox"/> JAMAICA <input type="checkbox"/> JAPAN <input type="checkbox"/> JORDAN <input type="checkbox"/> KENYA <input type="checkbox"/> KOREA <input type="checkbox"/> LEBANON <input type="checkbox"/> LIBERIA <input type="checkbox"/> MEXICO <input type="checkbox"/> MOROCCO	<input type="checkbox"/> NEPAL <input type="checkbox"/> NETHERLANDS <input type="checkbox"/> PAKISTAN <input type="checkbox"/> PERU <input type="checkbox"/> PHILLIPINES <input type="checkbox"/> POLAND <input type="checkbox"/> PORTUGAL <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> ROMANIA <input type="checkbox"/> ROMANIA <input type="checkbox"/> RUSSIA <input type="checkbox"/> OTHER:	<input type="checkbox"/> SAUDI ARABIA <input type="checkbox"/> SIERRA LEONE <input type="checkbox"/> SLOVAKIA <input type="checkbox"/> SOUTH AFRICA <input type="checkbox"/> SOUTH KOREA <input type="checkbox"/> SPAIN <input type="checkbox"/> THAILAND <input type="checkbox"/> THAILAND <input type="checkbox"/> THAILAND <input type="checkbox"/> THAILAND <input type="checkbox"/> THAILAND <input type="checkbox"/> THAILAND

<b>Student Name</b>	<b>Student ID</b>
<b>Case Manager (user field 2)</b>	<b>Reporting Period (use field 3)</b> <input type="checkbox"/> ELL1 WEEKLY <input type="checkbox"/> ELL2 BIWEEKLY <input type="checkbox"/> ELL3 TRIWEEKLY <input type="checkbox"/> ELL4 MONTHLY