

**OREGON SCHOOL DISTRICT
MULTI-CULTURAL STUDENT QUESTIONNAIRE**

ESL For Office Use Only: Date _____ School _____ Grade Entering _____ Teacher/Counselor _____ _____

(Please answer questions appropriate to student's grade level)

Student Name	Date of Birth	Country/Nationality/State	Date entered United States
Parent/Guardian	Address		Telephone

Student will be attending: **PVE** **NKE** **RCI** **OMS** **OHS**
Grade: _____

1. English speaking person to be contacted in case of emergency:
 Name _____ Telephone _____

2. Language(s) spoken at home: _____ Country of origin: _____

3. Years of Education: USA _____ Non-USA _____ How long in previous school? _____ Preschool: Yes ___ No ___

4. Student ___ **can** ___ **cannot** read in native language.
 Student ___ **can** ___ **cannot** read at grade level in native language.

5. Student ___ repeated grade _____ (which one?)
 ___ never repeated a grade
 ___ skipped grade _____ (which one?)
 ___ never skipped a grade

6. When and where did student begin learning English? _____

7. At home student speaks: _____ English is regularly spoken at home: Yes ___ No ___
 Father reads English? Yes ___ No ___ Mother reads English? Yes ___ No ___
 Father literate in first language? Yes ___ No ___ Mother literate in first language? Yes ___ No ___
 Father's First language: _____ Mother's First language: _____

8. Parent/Guardian occupation(s): _____

9. Name, address and phone number of interpreter: _____

10. Did student receive English language help (ESL services) at previous school? Yes ___ No ___

11. Contact a previous school: Name: _____ Telephone: _____
 Name of previous school: _____ - City, State _____
 Country _____
 Name of person filling this out: _____

(District Office: *If parent/guardian has trouble filling this out, complete the information above the broken line and forward to Denise Anderson at PVE. Someone will contact the parent/guardian by telephone to complete this questionnaire.*)

Route to: Denise Anderson (PVE)

