



FORM 2
English Language Acquisition/Special Education SST Process
ELL Parent Interview

Date _____

STUDENT INFORMATION

Student Name: _____ Student # _____ School: _____
Date of Birth: _____ Age: _____ Grade Level: _____
Interviewer's Name: _____ Interpreter's Name: _____
Person(s) completing form: Mother Father Stepmother Stepfather Other _____
Location of interview: _____

PARENT INFORMATION

Mother's Name: _____ Stepmother? Yes No
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____ Employer: _____
Highest grade of schooling completed: _____
Father's Name: _____ Stepfather? Yes No
Address: _____
Home Phone: _____ Work Phone: _____
Occupation: _____ Employer: _____
Highest grade of schooling completed: _____

Does the child have other parents/stepparents? Yes No
Is the child adopted? Yes No
Has the child lived with other parents/stepparents? Yes No
If yes, what language(s) were spoken by parents/stepparents? _____
Parents' birthplace: Mother: _____ Father: _____
Did the family move to the U.S.? Yes No If Yes, when? _____
If yes, what changes in your family have you noticed since moving to the U.S.? _____
How long has the child lived in the current living situation? _____
Who cares for the child when parents are gone? _____ What language(s) are spoken by caregivers? _____
How much time does the child spend with caregiver(s)? _____
Where did your child begin school? _____ Age? _____
What was the language of instruction? _____
Was attendance consistent? Yes No If No, why not? _____
Is there a history of frequent family moves? Yes No
If Yes, did your child miss much school during these moves? Yes No
If Yes, about how much time was missed each move? _____
Have there been other periods when your child was not enrolled in school? Yes No
If Yes, how much school did he/she miss? _____

CHILD'S EDUCATIONAL HISTORY

Grade	School	Location	Language of Instruction

Has your child ever been retained? Yes No Placed in a special class? Yes No

Has your child ever been enrolled in an ELL program? Yes No

What is the primary language spoken at home? _____

Relationship	Language(s)	Percent of Usage
Parent to Peer		
Mother to Child		
Father to Child		
Child to Mother		
Child to Father		
Child to Grandparent		
Child to Neighborhood Peer		
Child to Sibling (1)		
Child to Sibling (2)		
Child to Sibling (3)		
Other		
Other		

What was the first language your child learned? _____

Did he/she learn two languages at one time? Yes No

What do you believe to be your child's strongest language? _____

Have you noticed your child losing his/her ability to speak in his/her native language? _____

In which language does your child best express wants, needs, and feelings? _____

When you are explaining something new to your child, which language works best? _____

What does your child do in his/her free time and in what language? _____

In what language are parents best able to assist the child at home with his/her schoolwork? _____

Does your child tell stories and/or re-tell stories when exposed to storytelling? _____ In what language(s)? _____

Are there any known medical problems (vision, hearing, health) that might interfere with learning? _____

FORM 2

How does the child compare with other children in the family in the following areas?

	<u>Faster</u>	<u>Same</u>	<u>Slower</u>		<u>Faster</u>	<u>Same</u>	<u>Slower</u>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understands/Follows direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Helps with household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking first words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking sentences/phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchasing items from the store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby-sitting or doing odd jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

What seems to be your child's attitude or feelings toward school? _____

As parents, do you have any concerns regarding your child's language, development or school? _____

What are the things you enjoy about your child? _____

What are his/her weaknesses? _____

What are his/her special skills/abilities? _____

What are your educational goals for your child? _____

How important is it for you that your child learns English and be able to speak your primary language? _____

HEALTH BACKGROUND

Describe your pregnancy. Were there any health problems?

Describe delivery. Were there any problems during delivery?

Describe your child at birth. Were there any problems?

What illnesses has your child had (childhood diseases, high fevers, major illnesses)?

Other: _____

Parent Rights and Responsibilities

This information is confidential and will only be used as part of the SST decisions regarding further assessments. If the school decides to do further testing, parents will be notified and their rights to give permission or not will be honored.

If applicable, parents have the right to request or disclaim English Language Acquisition Services for their child in a school which has staff trained in cultural and linguistic diversity, language acquisition, and native language support to parents.

If the parents feel there are any ways the school and the English Language Acquisition can be of further assistance, please note:
