

Exceptional Student Learning Support (ESLS) & Bilingual/ESOL Department
PARENT INFORMATION FORM for English Language Learners
TEMPORARY FORM DUE TO COVID- 19

Student's Name _____ Grade: _____

Birthdate: _____ Birthplace: _____

School: _____ Contact Person at the school: _____

Contact Phone Number and Email Address: _____

Parent/Guardian _____

Parent/ Guardian Phone Number and Email address: _____

1. Has your child ever lived outside of the United States? ☐Yes ☐No

2. If yes, where? _____

From what age to what age? _____ to _____

3. How long has your family lived in the United States? _____

4. How often does your child visit his/her homeland? _____

5. In what language(s) has your child received formal schooling? _____

6. What language(s) are spoken in your home? _____

7. In what language(s) do you speak to your child? _____

8. What language(s) do older family members use to speak to your child? _____

9. What language(s) do other children use to speak to your child? _____

10. What language does your child use to speak to you? _____

11. What language does your child use to speak to older family members? _____

12. What language does your child use to speak to other children? _____

13. Which language did your child learn to speak first? _____

At what age did he/she speak his/her first words? _____

14. At what age did your child begin to learn English? _____ Where? _____

15. Is your child exposed to TV, internet, newspapers, books, religious services, etc., in your home language on a regular basis? ☐Yes ☐No

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16. Do you have any concerns about your child's language abilities? ☐Yes ☐No

17. Do you or other people have trouble understanding your child's speech? ☐Yes ☐No
Explain. _____

18. Does your child talk as well as your other children? ☐Yes ☐No ☐N/A

Other children his/her same age? ☐Yes ☐No

19. Does your child frequently use gestures instead of words? ☐Yes ☐No

20. Does your child have difficulty answering questions in English or in your home language?

☐Yes ☐No

Explain. _____

21. Does your child have difficulty following directions in English or in your home language?

☐Yes ☐No

Explain. _____

22. Do any family member have a history of communication difficulties? ☐Yes ☐No

23. Has your child received speech/language therapy or any other therapy in the past?

☐Yes ☐No

In what language? _____

Where? _____

Explain: _____

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Name and Title of Person completing this form: _____

Signature of person completing this form: _____

Date _____

Name of person interviewed: _____

Relationship to student _____

Check one:

- ☐ The student **needs** an interpreter for further evaluation(s).
- ☐ The student **does not need** an interpreter for further evaluation(s).

Check one:

- ☐ The parent/ legal guardian **needs** an interpreter during IEP meetings.
- ☐ The parent/ legal guardian **does not need** an interpreter during IEP meetings.

Additional Comments:

Email a copy of the completed form to the requestor with a copy to
esolrequests@browardschools.com