

The New York City Department of Education
Parent/Guardian Home Language Identification Survey

TO BE COMPLETED BY SCHOOL PERSONNEL
 Please do not place student information sticker on this form

District: _____ Borough: _____ School Number: _____ Date: _____

Student Last Name: _____ Student First Name: _____

Student ID#: _____ Grade: _____ Official Class: _____

RELATIONSHIP OF PERSON PROVIDING INFORMATION FOR SURVEY (check one):
 Mother Father Guardian
 Self (Student 18 years or older) Other (specify): _____

MANDATED INTERVIEW WITH STUDENT AND PARENT (Interview must be in English and, if applicable, the parent's preferred language)
 English Specify home language: _____

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title
_____	_____	_____	_____
Last, First Name	Title	Last, First Name	Title

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable.

Last, First Name Title/Relationship

Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

TWO-LETTER OTELE ALPHA CODE

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NYSITELL-ELIGIBILITY
 Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the *Language Proficiency Team NYSITELL Determination Form* was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

_____	_____
Last, First Name	Title
_____	_____
Signature	Date

Eligible for NYSITELL testing: YES NO
 Check here if this student has an IEP. Date *Language Proficiency Team NYSITELL Determination Form* was sent to LPT: _____

FURTHER SIFE SCREENING
 Is the student eligible for further SIFE screening? (OTELE Code must be other than "NO")
 YES NO