



R E G I O N A L
CAPE COD
Technical High School

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William P Terranova
Principal

Jonathan W Roberts
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Dear Parents/Guardians of Freshmen and Transfer Students:

Welcome to Cape Cod Tech and to the 2019-2020 school year! Please find attached a Home Language Survey that must be filled out by new students at Cape Cod Tech. This form is used to determine the dominant language(s) spoken by your child so that we may provide meaningful instructional programs.

Please answer these questions and return the form to Kendra Sarabia, care of the Cape Cod Tech Guidance Office no later than Friday, September 13, 2019. You may send it in by mail, or your child can bring it to the Guidance Office directly. Thank you in advance for your prompt attention to this matter.

You have made a wonderful choice in Cape Cod Tech and I wish you and your child much success in the coming school year!

Please do not hesitate to contact me at 508-432-4500 extension 294 with any questions or concerns that you may have.

Thank you.

Kendra Sarabia

Kendra Sarabia
English Language Learner Teacher
Cape Cod Regional Technical High School

For Freshmen and Transfer Students only!!
Cape Cod Regional Technical High School
Home Language Survey
Please return to Kendra Sarabia in the Guidance Office
by Friday, September 13, 2019

Student Name: _____ Grade: _____

Relationship of person completing survey:

Mother ☐ Father ☐ Guardian ☐ Other ☐ _____

1. Does anyone in your home speak a language other than English? YES NO
please circle one

If yes, what language? _____

2. What language did student learn when he or she first began to talk? _____

3. What language does the parent(s) speak to the student most of the time? _____

4. What language does the student speak to his/her parent(s) most of the time? _____

5. Which language is spoken most often in your home? _____

6. Does the student speak a language other than English? YES NO
please circle one

If yes, what language(s)? _____

Can the student read in this language(s)? YES NO

Can the student write in this language(s)? YES NO

7. Does the student:

Understand spoken English? YES NO

Speak English? YES NO

Read in English? YES NO

Write in English? YES NO

8. Which language does the student speak most often with his/her brothers/sisters? _____

9. Which language does the student speak most often with his/her friends? _____

10. At what age did your child start attending school? _____

11. Has your child attended school every year since that age? YES NO

If no, please explain: _____

12. Where did the student attend school last year? _____

13. Was this student in a bilingual or ESL/ELL program during the last school year? YES NO

14. Was this student *ever* in a bilingual or ESL/ELL program?

If yes, what grade(s)? _____ Where? (school/city) _____

15. If you speak a language other than English, would you be willing to occasionally translate at school if needed?
YES NO

16. Do the parents/guardians request written communication from the school to be in a language other than English?
YES NO If yes, what language? _____

Parent / Guardian Name: (Please print) _____

Parent / Guardian Signature: _____