

EVERETT V. OLSEN, Jr., M.B.A.  
Superintendent of Schools

CHRISTINE M. FRANCIS, Ed.D.  
Assistant Superintendent



COURTNEY MULLER, M.Ed.  
Director of Pupil Services

KATHLEEN AUTH  
Director of School Finance

**Westford Public Schools**  
Administrative Offices

23 Depot St. • Westford, Massachusetts 01886  
www.westfordk12.us • (978) 692-5560 • FAX (978) 392-4497

**Home Language Survey**

**Please complete and submit within one week's time**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student's country of birth: \_\_\_\_\_

Has the student lived in another country? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes, please indicate the country and dates:

Country: \_\_\_\_\_ Dates: \_\_\_\_\_

Language or languages spoken at home: \_\_\_\_\_

Is the student able to read in the above language? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the student able to write in the above language? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the language first learned by the student? \_\_\_\_\_

Number of years child has spoken English? \_\_\_\_\_

Would you prefer oral and written communication from the school in English or in your home language?

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**This information is required by G.L. c. 71A § 4, 5**