



marion p thomas  
CHARTER SCHOOL

www.mptcs.org

"TEACHING IS AN ART, LEARNING IS A JOY!"

**Primary School**

Prekindergarten - Kindergarten  
370 S. 7th St.  
Newark, NJ 07103  
PH: 973.621.0060, ext. 1  
FAX: 973. 621.0061

**Elementary School**

1st – 3rd Grade  
370 S. 7th St.  
Newark, NJ 07103  
PH: 973.621.0060, ext. 2  
FAX: 973.621.2454

**The Academy**

4th & 5th Grade  
88-108 Shipman St.  
Newark, NJ 07102  
PH: 973.621.0060, ext. 3  
FAX: 973.643.4982

**Middle School**

6th - 8th Grade  
308 S. 9th St.  
Newark, NJ 07103  
PH: 973.621.0060, ext. 4  
FAX: 973.792.0066

**High School of Culinary & Performing Arts**

9th – 12th Grade  
125 Sussex Ave.  
Newark, NJ 07102  
PH: 973.621.0060, ext. 5

**Central Office**

P.O. Box 7117  
Newark, NJ 07107  
PH: 973.621.0060

**The Purpose of the Home Language Survey**

The Home Language Survey is given to all students enrolling in Marion P. Thomas Charter School. The following information should help answer some of the questions you may have about this form.

**What is the purpose of the Home Language Survey?**

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

**Why do you ask about the student’s first language and language(s) used in the home?**

The two questions about the student’s language help us to determine: • if your student may be eligible for assistance with learning English, and • whether staff at the school should be aware of other languages being used by the student at home. The language your child first learned may be different from the language your child uses for communication at home now. The responses to both questions will assist the school in providing instruction appropriate to the individual student’s needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

**Why do you ask where the student was born?**

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student’s parents are both US citizens, but the student was born outside of the United States. ***This form is not used to identify students who may be undocumented.***

**Why do you ask about my student’s previous education?**

Information about a student’s education will help ensure that the student’s education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student’s educational background is also vital information to help determine if the student is making adequate progress toward state standards based on their prior educational background.



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**APPENDIX A: HOME LANGUAGE SURVEY**

Welcome to Marion P. Thomas Charter School!

In order to best place your child into our system, we ask that you complete the following form.  
One form needs to be filled out for each of your children attending our school.  
Please remember that your child has a right to public education regardless of your immigration status and that ***the results of this form will not be reported to immigration officials.***  
This information is only used to ensure that students who may be eligible for language-assistance programs are identified to maximize their academic potential.

**Today's Date:**

---

**Child's Name:**

---

**Place of Birth:**

---

**Child's Date of Birth:**

---

**Child's First Language Acquired:**

---

**Child's Dominant (Preferred) Language now:**

---

**Language(s) Other than English Spoken in the Home/Community:**

---

**How long has your child lived in the United States?**

---

**Did your child attend pre-school?**

---

**\*\*\*\*\*For Office Use\*\*\*\*\***

**Additional English language assessment is recommended.**

**No additional English language assessment is recommended at this time.**

\_\_\_\_\_  
School Personnel Signature & Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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**APPENDIX B: SCHOLAR'S HOME LANGUAGE SURVEY**

<b>Student's Name:</b>
<b>Grade:</b>
*****Relationship of Person Completing Survey: (Check one option <i>only</i> )*****
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i>

**Directions: Check the correct response for each of the following questions and indicate other languages if appropriate English Other Language(s):**

1. What language did the child learn when he or she first began to talk? English <input type="checkbox"/> Other Language(s):
2. What language does the family speak at home most of the time? English <input type="checkbox"/> Other Language(s):
3. What language does the parent(s) speak to his/her child most of the time? English <input type="checkbox"/> Other Language(s):
4. What language does the child hear and understand in the home? English <input type="checkbox"/> Other Language(s):
5. What language does the child speak to his/her brothers and or sisters most of the time? English <input type="checkbox"/> Other Language(s):
6. What language does the child speak to his/her friends most of the time? English <input type="checkbox"/> Other Language(s):
7. Can an adult family member or extended family member speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Can they read English? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the parents/guardians request oral and/or written communication from the school to be in English? If no, in what language? <input type="checkbox"/> Yes Other Language(s):

\_\_\_\_\_  
 Signature of Person Completing Survey

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

FOR STAFF COMPLETION: TO BE COMPLETED FOR ALL NEW STUDENTS	
ELP screener needed? (For example: W-APT)	Yes / No
WIDA proficiency level:	
Other assessment/achievement data:	
Evaluator's Name:	
Date:	
Meets state criteria for identification as LEP?	Yes / No



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**APPENDIX C: PARENT LANGUAGE QUESTIONNAIRE**

Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible.

If you have questions or need help with the form, please contact:

Miss Gutierrez, Village-Wide ESL Specialist, [lgutierrez@mptcs.org](mailto:lgutierrez@mptcs.org) or call (973)621-0060 ext. 5444

<b>Student Name:</b>
<b>State Student ID #:</b>
<b>Place of Birth:</b>
<b>Date of Birth (month/day/year):</b> ___/___/___
<b>School:</b>
<b>Grade:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male

**Part I: Student Language Background**

<b>What is the first language learned by the student?</b> English or Other (specify) _____
<b>Is this student participating in a student exchange program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>When did the student first attend a school in the United States (if known)?</b> ___/___ <b>Month Year</b>

**Part II: Family Language Background (Please complete all rows)**

<b>Mother/Guardian's Hometown and State/Country:</b>
<b>Father/Guardian's Hometown and State/Country:</b>
<b>Other Significant Adult* Relationship:</b>
<b>Other Significant Adult* Hometown and State/Country:</b>
<b>Mother/Guardian's First language learned:</b>
<b>Father/Guardian's First language learned:</b>
<b>Mother/Guardian's Language(s) spoken to the student:</b>
<b>Father/Guardian's First language spoken to the student:</b>
<b>Language(s) spoken in the mother/guardian's home:</b>
<b>Language(s) spoken in father/guardian's home:</b>

\* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student's language development.



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**Part III: Parent Verification of Language Use (Please check appropriate box)**

**When the student speaks with family, he/she speaks:**

- |   |   |
|---|---|
| <input type="checkbox"/> Only the other language, no English  | <input type="checkbox"/> Mostly the other language, some English    |
| <input type="checkbox"/> The other language & English equally | <input type="checkbox"/> Mostly English, some of the other language |
| <input type="checkbox"/> Only English                         |   |

**When the student speaks with friends, he/she speaks:**

- |   |   |
|---|---|
| <input type="checkbox"/> Only the other language, no English  | <input type="checkbox"/> Mostly the other language, some English    |
| <input type="checkbox"/> The other language & English equally | <input type="checkbox"/> Mostly English, some of the other language |
| <input type="checkbox"/> Only English                         |   |

**Parent/Guardian Signature:**

**Phone Number:**

**Printed Name:**

**Date:**

**FOR STAFF COMPLETION: TO BE COMPLETED FOR ALL NEW STUDENTS**

ELP screener needed? (For example: W-APT) Yes / No

WIDA proficiency level:

Other assessment/achievement data:

Evaluator's Name:

Date:

Meets state criteria for identification as LEP? Yes / No