



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

- I. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____

Student

Name: _____

Parent/Guardian

Name: _____

Parent/Guardian

Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: _____

HEARING HISTORY

Child's Name _____ School _____
Address _____ Date of Birth _____
Parent's Name _____ Phone Number _____
Date _____ Grade _____

To the best of your knowledge, does your child have hearing loss ? YES NO

Does your child fail to respond to speech or environmental sounds? YES NO

Did your child have a hearing problem:

From birth to 1 year of age?	YES	NO
From 3 years to 5 years of age?	YES	NO
From 5 years to 8 years of age?	YES	NO
From 8 years and older?	YES	NO

is there a hearing loss in the child's family? YES NO

Has your child ever had an injury to the head and/or ear? YES NO

YES NO HOW OFTEN AGE

Has your child had a history of:

- Ear infections
- Impacted wax
- Ear aches
- Swimmer's ear
- Upper respiratory infections
- Frequent colds
- Allergies
- Hay fever
- Discharge/bleeding from ear
- Asthma
- Dizziness
- Imbalance
- Ringing in the ears
- Being bothered by loud noises

Does your child have tubes? YES NO
Which ear? Right Left Both

Has your child has ear surgery? YES NO

Describe _____

Does your child's speech and language seem delayed for his age? YES NO

Is your child presently under a doctor's care for ear problems? YES NO

Name of doctor(s) _____
Address _____

My child may have his/her speech or hearing tested when there may be a concern or need by our educational team. (teachers, principal, speech pathologist)

parent signature

date

BUS STOP SIGN-UP SHEET FOR KINDERGARTEN AND FIRST GRADERS

Student's Name: _____

Home Address: _____

AM Pick Up Location

Example: Maple/Milton, Stop #3

Country Pick Up Example: List Home Address

Location		Stop #	
<i>Check the box to identify location of pickup:</i>			
<input type="checkbox"/> Home Address	<input type="checkbox"/> Daycare	<input type="checkbox"/> Bus Stop	<input type="checkbox"/> Other _____

PM Drop Off Location

Example: Milroy Park Stop #16

Country Drop Off Example: List Home Address

Location		Stop #	
<i>Check the box to identify location of dropoff:</i>			
<input type="checkbox"/> Home Address	<input type="checkbox"/> Daycare	<input type="checkbox"/> Bus Stop	<input type="checkbox"/> Other _____

Country Bus Riders- Give exact directions to your home or pickup location. If your child attends DayCare in the country, buses stop if the provider has children that attend school.

Directions and Other Info:

Parent Name: _____

_____	_____	_____
Cell Phone	Home Phone	Work Phone

RENSSELAER CENTRAL SCHOOLS BUS STOPS

Stop #	Bus Stop Location		Stop #	Bus Stop Location
1	Harris Homes		16	Milroy Park
2	VFW Parking Lot		17	Front/Harrison
3	Maple/Milton		18	River Terrace Trailer Park
4	Vine/Abigail		19	College/Vine
5	Stash-It Storage		20	Sparling/Grove
6	Knights of Columbus		21	Staddon Field & Monnett
7	Columbia Park		22	MeadoWood/Rensselaer Apts
8	Monroe/Clark		23	Charles St
9	Warner/Elza		24	Fleming/Parks Dr
10	Hal Gray Park		25	Home/John
11	St. Augustine School		26	Grace/Front
12	Angelica/Franklin		27	Thompson/Melville
13	Van Rensselaer School		28	Lutheran Church
14	Milton/mid Stewart &Thompson		29	Emilie/Melville
15	Harrison/McKinley		30	Iroquois Valley Apts
			31	Matheson

Please notify the Transportation Secretary at 866-7822 if there are changes to the pick up or drop off directions for your students.