

# WHAT SHOULD I BRING WHEN I REGISTER MY CHILD?

You must bring all of the documents listed below to register a student.

- ☐ **REGISTRATION FORMS (4):** Completed and signed by the parent or guardian. These forms can be obtained at the Student Registration Center or from our website:  
*http://www.providenceschools.org/pages/ProvidenceSchools/StudentsandParents/RegistrationChecklist*
- ☐ **STUDENT'S PROOF OF AGE: ORIGINALS ONLY** of Birth Certificate, Passport, Green Card or I-94 Card
- ☐ **PHOTO ID OF PARENT/GUARDIAN**
- ☐ **IMMUNIZATIONS & PHYSICAL EXAM:** The most recent immunization records and a physical examination within the last 12 months. **\*\*Note:** *Students that migrated to the US should provide immunization records from the time of birth including any currently administered vaccines that may have been required for entry into the US. Immunizations requirements are listed by specific grade on the back of this flyer. PPD testing/results must be done within the continental US.*
- ☐ **PROOF OF RESIDENCY IN PROVIDENCE IN THE PARENT/GUARDIAN'S NAME:** (for example: Lease or rental agreement, a utility bill, a bank statement or a paystub dated within 60 days)
- ☐ **GRADES 1 – 8: MOST RECENT REPORT CARD**  
*Note: Kindergarten report cards will be required after the first trimester of the current school year.*
- ☐ **GRADES 9 – 12: COMPLETE TRANSCRIPTS.** Bring an official transcript for each year of high school attended.
- ☐ **IEP:** Special Education Students should have a current Individualized Education Plan.

## Bus Routes to the Center

**Eddy/Hope/Benefit Street Bus # 1 South** to the Thurbers Avenue and Eddy Street stop. Walk up Dos blocks to Pavilion Avenue, take a right on Pavilion, walk Dos blocks to Ocean Street. Take a left and enter the parking lot to your left.

**Broad/North Main #11(R Line)** to the Prairie Avenue and Broad Street Stop. Cross Broad to Prairie, then cross Prairie Avenue to Pavilion Avenue. Follow Pavilion Avenue to the corner of Ocean Street and take a left and walk to the parking lot on your left.

**Prairie Avenue/Zoo Bus #6** to the Prairie and Thurbers Avenue Stop. Walk Thurbers Avenue up to Burnside and follow the road past the Roger Williams Day Care onto Ocean Street. Use the second entrance to the parking lot on your right.

## Student Registration & Placement Center

325 Ocean Street • Providence • RI • 02905  
Tel: (401) 456-9297 Fax: (401) 278-0553

### HOURS OF OPERATIONS

Monday	8:00 am	4:00 pm
Tuesday	8:00 am	4:00 pm
Wednesday	8:00 am	4:00 pm
Thursday	8:00 am	4:00 pm
Friday	8:00 a.m.	4:00 p.m.

Last single student registration will be processed no later than **(1) one hour** before closing.

## Driving Directions

### From the North

Take I-95 South to the THURBERS AVENUE exit number 18- toward RI-1A. Take the ramp toward EDDY ST. At the first light the intersection of THURBERS & EDDY take a left. Follow EDDY ST. and take your third right onto PAVILION AVE. Follow PAVILION AVE to the stop sign and take a right. Then immediate left into the parking lot. **The building is straight ahead.**

### From the South

Take I-95 N to the THURBERS AVENUE exit number 18- toward RI-1A. Take the ramp toward EDDY ST. At the first light the intersection of THURBERS & EDDY take a left. Follow EDDY ST. and take your third right onto PAVILION AVE. Follow PAVILION AVE to the stop sign and take a right. Then immediate left into the parking lot. **The building is straight ahead.**

## HEALTH REQUIREMENTS

Currently, students must receive the following immunizations prior to their enrollment for  
**KINDERGARTEN THROUGH GRADE 12**

**Requirements effective August 1, 2015**

<b>PRE-SCHOOL</b>	<ul style="list-style-type: none"> <li>• DTaP</li> <li>• HepB</li> <li>• Polio-IPV</li> <li>• PCV</li> <li>• HIB</li> <li>• MMR</li> <li>• Varicella</li> <li>• Rotavirus</li> <li>• Hepatitis A</li> <li>• Influenza</li> <li>• Lead Screening</li> <li>• <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i></li> </ul> <p style="text-align: center;"><i>Number of doses are age appropriate immunizations for all CDC recommended vaccines.</i></p>
<b>KINDERGARTEN</b>	<ul style="list-style-type: none"> <li>• DTaP Five (5) doses</li> <li>• HepB Three (3) doses (final dose after 6-months old)</li> <li>• Polio Four (4) doses (final dose after 4-years old)</li> <li>• PCV</li> <li>• HIB</li> <li>• MMR Two (2) doses</li> <li>• Varicella Two (2) doses or proof from your child's physician stating that your child has a history of chicken pox disease.</li> <li>• Hepatitis A</li> <li>• Evidence of Lead Screening</li> <li>• Evidence of Vision Screening</li> <li>• <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i></li> </ul>
<b>SEVENTH (7<sup>TH</sup>) GRADE</b>	<ul style="list-style-type: none"> <li>• DTaP Five (5) doses</li> <li>• HepB Three (3) doses (final dose after 6-months old)</li> <li>• Polio Four (4) doses (final dose after 4-years old)</li> <li>• PCV</li> <li>• HIB</li> <li>• MMR Two (2) doses</li> <li>• Varicella Two (2) doses or proof from your child's physician stating that your child has a history of chicken pox disease.</li> <li>• Hepatitis A</li> <li>• Tdap One (1) dose</li> <li>• MCV One (1) dose</li> <li>• HPV One (1) dose</li> <li>• <i>a. Beginning August 1, 2016 all entering 8th grader— Two (2) doses</i></li> <li>• <i>b. Beginning August 1, 2017 all student entering 9th grade— Three (3) doses</i></li> <li>• <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i></li> </ul>
<b>TWELTH (12<sup>TH</sup>) GRADE</b>	<ul style="list-style-type: none"> <li>• Evidence of all of the above</li> <li>• Booster dose of MCV for entry into 12th grade (<i>CDC recommends booster at age 16</i>)</li> <li>• <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i></li> </ul>

*If you have any questions or concerns contact Donna O'Connor, Nurse/Health Services Administrator, at 456-9317 or donna.oconnor@ppsd.org for more information on health and safety topics.*

**HEALTH HISTORY**

Parents, please provide all health information requested in this double sided form.

<b>Student Last Name</b>	<b>Student First Name</b>	<b>Student Middle Name</b>	<b>Student's Date Of Birth</b>
_____	_____	_____	____/____/____
<b>STUDENT &amp; PARENT/GUARDIAN ADDRESS:</b>			
<i>Street No.</i>	<i>Street Name</i>	<i>Apt/Unit/Floor</i>	<i>City</i>
_____	_____	_____	_____
<b>FAMILY INFORMATION: (please print)</b>			
<i>Parent/Guardian Last Name</i>	<i>Parent/Guardian First Name</i>	<i>Primary Telephone</i>	<input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Work Number</i>
_____	_____	( ) _____	( ) _____
<input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Legal Guardian</i> <input type="checkbox"/> <i>Other:</i> _____		<i>Preferred Language:</i> _____	
<b>EMERGENCY CONTACT INFORMATION: (please print)</b>			
<i>Emergency Contact Last Name</i>	<i>Emergency Contact First Name</i>	<i>Primary Telephone</i>	<input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Work Number</i>
_____	_____	( ) _____	( ) _____
<i>Relationship to the Student:</i> _____		<i>Preferred Language:</i> _____	
<i>Emergency Contact Address:</i> _____ <i>City:</i> _____, <i>State:</i> _____			
<b>MEDICAL DOCTOR/CLINIC:</b>			
_____		( ) _____	_____
<i>Physician/Clinic Name</i>	<i>Street/City/State/Zip Code</i>	<i>Telephone</i>	

**MEDICAL HISTORY:** (Please check yes or no for each of the following diseases or conditions.)

<input type="checkbox"/> Yes <input type="checkbox"/> No   Chickenpox	<input type="checkbox"/> Yes <input type="checkbox"/> No   Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No   Headaches
<input type="checkbox"/> Yes <input type="checkbox"/> No   German Measles ( <i>Rubella</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No   Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No   Diabetic
<input type="checkbox"/> Yes <input type="checkbox"/> No   Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No   Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No   Frequent sore throat
<input type="checkbox"/> Yes <input type="checkbox"/> No   Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No   Hearing Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No   Kidney Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No   Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No   Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No   Heart Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No   Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No   Eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No   Speech Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No   Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No   Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No   Seasonal Allergies pollen, grass, trees, etc..

Does your child have allergies to  food or  medicine?    YES    NO   *If you answered yes, was there an Epi-Pen prescribed?*    YES    NO   *please explain:* \_\_\_\_\_

Does your child currently suffer from a serious medical condition?    YES    NO

*If you answered yes, please list the medical condition:* \_\_\_\_\_

Has your child had any surgeries? \_\_\_\_\_    Yes    No   **Year:** \_\_\_\_\_

Has your child had any accidents or injuries? \_\_\_\_\_    Yes    No   **Year:** \_\_\_\_\_

Pre-K & K Students has your child had a lead screening? \_\_\_\_\_    Yes    No   **Date:** \_\_\_\_\_

**ATTENTION PARENTS:** Do you want to speak with a Nurse/Teacher today?   Yes  No

revised 11/2017

STUDENT'S NAME:

DATE OF BIRTH

Last Name	First Name	Middle Name	Month	Day	Year
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**MEDICATIONS:**

Is the student currently taking any medications or treatments?  Yes  No

1. \_\_\_\_\_ Dosage: \_\_\_\_\_ How many times a day? \_\_\_\_\_
2. \_\_\_\_\_ Dosage: \_\_\_\_\_ How many times a day? \_\_\_\_\_
3. \_\_\_\_\_ Dosage: \_\_\_\_\_ How many times a day? \_\_\_\_\_
4. \_\_\_\_\_ Dosage: \_\_\_\_\_ How many times a day? \_\_\_\_\_

**FAMILY HEALTH HISTORY**

Is there any family member in the household with a serious health condition that is important to share with us?

Relationship: \_\_\_\_\_ Condition: \_\_\_\_\_

Does the student have any documented physical, emotional or learning disabilities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please use the following space to provide any important details.

Who is providing this information?  Parent  Guardian  Nurse Teacher, Registration Center

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**What school did your child last attend?**

School Name: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_

Has the student recently lived/traveled outside of the United States of America?  Yes  No

If you answered yes, please list the location and length of the student's stay.

Location: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

*I UNDERSTAND THAT THIS INFORMATION MAY BE SHARED AND DISCUSSED WITH APPROPRIATE SCHOOL PERSONNEL WHEN NECESSARY. I GIVE PERMISSION FOR SCHOOL PERSONNEL TO COMMUNICATE AND EXCHANGE INFORMATION WITH THE STUDENT'S PHYSICIAN/CLINIC, IF NECESSARY.*

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

\_\_\_\_\_  
Date

REVISED 10/14

## NEW STUDENT INFORMATION FORM

This student information form collects new data on race and ethnicity, following federal government guidelines. Your answers are confidential. Please complete the form in the language most comfortable for you and return it today.

This form should be completed by a parent or legal guardian, and applies to all students new and continuing in the Providence Schools.

Student ID: \_\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Alternate #: (     ) \_\_\_\_\_ - \_\_\_\_\_  
 Male            Female

### Optional:

E-mail (Parent): \_\_\_\_\_  
E-mail (Student): \_\_\_\_\_

**Two-part question on ethnicity and race:** The following categories are provided and required by the federal government. You need to answer both A and B. If not filled out, school personnel are required to make the selections.

### A. Ethnicity

#### Is the student Hispanic/Latino?

*(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)*

- Yes  
 No

### B. Race

#### What is the student's race?

*(Check as many as apply to indicate what the student considers his/her race to be)*

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

About this form: The data with the new ethnicity and race categories will be used in the same manner that such information is currently used by the state and federal government. For example, in reporting and analyzing test results, such as the New England Common Assessment Program (NECAP).

Providence Public School District  
Student Registration & Placement Center  
325 Ocean Street, Providence, RI 02905  
Telephone (401) 456-1702 Fax (401) 278-0553  
[www.providenceschools.org/registration](http://www.providenceschools.org/registration)

Providence  
Schools  
2012-2013

## NUEVO FORMULARIO DE INFORMACIÓN ESTUDIANTIL

Este formulario de información estudiantil recolecta nuevos datos sobre raza y etnia, siguiendo guías del gobierno federal. Sus respuestas son confidenciales. Favor de completar el formulario en el idioma en que se sienta más cómodo y devuélvalo hoy.

Este formulario debe ser completado por un padre o representante legal y aplica a todos los estudiantes, nuevos y actuales, de las Escuelas de Providence.

ID Estudiantil: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Inicial: \_\_\_\_\_  
Apellido: \_\_\_\_\_  
Fecha de nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dirección: \_\_\_\_\_  
\_\_\_\_\_  
Teléfono principal: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Segundo teléfono: (     ) \_\_\_\_\_ - \_\_\_\_\_  
 Hombre            Mujer

### Opcional:

Correo electrónico (Padre): \_\_\_\_\_  
Correo electrónico (Estudiante): \_\_\_\_\_

**Pregunta de dos partes sobre etnia y raza:** Las siguientes categorías son proporcionadas y requeridas por el gobierno federal. Usted debe responder a las categorías A y B. Si no las llena, el personal escolar hará las selecciones por usted.

### A. Etnia

#### ¿Es el estudiante hispano/latino?

*(Una persona cubana, mexicana, puertorriqueña, sudamericana, centroamericana o de otra cultura u origen españoles)*

- Sí  
 No

### B. Raza

#### ¿Cuál es la raza del estudiante?

*(Marque todas las casillas que el estudiante considera aplican a su raza)*

- Amerindio o nativo de Alaska  
 Asiático  
 Afro-americano  
 Nativo de Hawái o Isleño del Pacífico  
 Blanco

Firma del padre: \_\_\_\_\_

Fecha: \_\_\_\_\_

Sobre este formulario: Los datos con las nuevas categorías de raza y etnia serán usadas de la misma manera en que dicha información es utilizada por el gobierno estatal y federal actualmente. Por ejemplo, al reportar y analizar resultados de exámenes, como el New England Common Assessment Program (o NECAP).

Distrito de Escuelas Públicas de Providence  
Centro de Inscripción & Ubicación Estudiantil  
325 calle Ocean, Providence, RI 02905  
Teléfono (401) 456-1702 Fax (401) 278-0553  
[www.providenceschools.org/registration](http://www.providenceschools.org/registration)

Providence  
Schools  
2012-2013



**EDUCATION HISTORY FOR STUDENT/HISTORIAL EDUCATIVO DEL ESTUDIANTE**

Please check one (haga una selección): The person completing this form is (la persona completando el formulario es):

- Mother/madre       Father/padre       Guardian/tutor       Other/otro: \_\_\_\_\_

FOR GRADES K & 1/PARA LOS GRADOS K y 1 <sup>ro</sup>		FOR GRADES 2-12/PARA LOS GRADOS 2 al 12			
Does the student know the following? ¿Sabe el estudiante lo siguiente?	Yes/Si	No	Please place an (X) in the appropriate box. Favor de indicar su respuesta con una (X).	Yes/Si	No
1. Knows colors/Sabe los colores?			1. Does the student read in English?/¿Sabe el estudiante leer en Ingles?		
2. Knows shapes/Reconoce las figuras?			2. Does the student read in the native language?/¿Sabe el estudiante leer en su idioma nativo?		
3. Knows the alphabet/Sabe el Abecedario?			3. Does the student write in English?/¿Sabe el estudiante escribir en Ingles?		
4. Recognizes letters/Reconoce las letras?			4. Does the student write in the native language?/¿Sabe el estudiante escribir en su idioma nativo?		
5. Writes own name/Escribe su nombre?					

**Please list the last school the student attended. (Favor de apuntar la última escuela que asistió el estudiante.)**

School Name, Location and Grade Nombre de la escuela, dirección, fecha de asistencia y grado	Dates Attended Fechas de asistencia	Student Progress Progreso del estudiante	Programs/Services Programas/Servicios	Language Idioma
School/Escuela: _____	Grade/Grado: _____ / _____	<input type="checkbox"/> Promoted <i>Promovido</i>	<input type="checkbox"/> ESL/Bilingual (bilingüe/ingles segundo idioma) <input type="checkbox"/> Special Ed or IEP (PIE o educación especial) <input type="checkbox"/> Advanced Academic/Title I (Programa sobredotado/título I)	<input type="checkbox"/> English/Ingles <input type="checkbox"/> Spanish/Español <input type="checkbox"/> Other/otro: _____
City/Ciudad: _____	To /hasta _____ / _____	<input type="checkbox"/> Retained <i>Retenido</i>	<input type="checkbox"/> Other/otro: _____	

**For Middle and High Students Only: Please list the school where the student completed elementary and middle if applicable.  
Para estudiantes de escuelas intermedia y superior solamente. Favor de apuntar la escuela donde el estudiante completo la elemental y intermedia si aplica.**

School/Escuela:	Grade/Grado:	Promoted <i>Promovido</i>	ESL/Bilingual (bilingüe/ingles segundo idioma)	English/Ingles
_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Special Ed or IEP (PIE o educación especial) <input type="checkbox"/> Advanced Academic/Title I (Programa sobredotado/título I)	<input type="checkbox"/> Spanish/Español <input type="checkbox"/> Other/otro: _____
City/Ciudad: _____	To /hasta _____ / _____	<input type="checkbox"/> Retained <i>Retenido</i>	<input type="checkbox"/> Other/otro: _____	

  

School/Escuela:	Grade/Grado:	Promoted <i>Promovido</i>	ESL/Bilingual (bilingüe/ingles segundo idioma)	English/Ingles
_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Special Ed or IEP (PIE o educación especial) <input type="checkbox"/> Advanced Academic/Title I (Programa sobredotado/título I)	<input type="checkbox"/> Spanish/Español <input type="checkbox"/> Other/otro: _____
City/Ciudad: _____	To /hasta _____ / _____	<input type="checkbox"/> Retained <i>Retenido</i>	<input type="checkbox"/> Other/otro: _____	

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL STUDENT RECORDS

I authorize the (school/agency name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax( ) \_\_\_\_\_ - \_\_\_\_\_

to release confidential school record information on the following students:

	Last Name	First Name	DOB	Grade	Student Type
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

as specified below to the Student Registration & Placement Center **by fax to (401) 278-0553**  
**or email: inforeg@ppsd.org - ATTENTION: Brenda Valenzuela, Coordinator**  
 For follow up/personal assistance, you may telephone 401-456-9297 x13109 or Customer Service at x13119

Only the information checked may be released.  
*A delayed response may postpone the student's registration and/or school assignment.*

- Grades:
- \_\_\_\_\_  Report Card    Official Middle School Transcript    Official High School Transcript
- \_\_\_\_\_ Birth Certificate/Pass Port
- \_\_\_\_\_ Immunizations and Physical Exam
- \_\_\_\_\_ IEP or Special Education Evaluations including hours of service
- \_\_\_\_\_ Test Scores (WIDA/ACCESS/STAR) *Test scores must be dated within the current calendar year.*

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education rights and Privacy Act, final rule on Education records Federal Records, Federal Register, June 1976, Vol. 41 110, page 24673.)

### Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_ Providence

Rhode Island, Zip Code: \_\_\_\_\_ Primary Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

*Parent, guardian or educational advocate (please read and sign below):*

No special education records will be released to any person or agency without prior written consent of the parent, guardian or education advocate specifying which of these records are to be released and to whom.

All relevant records with respect to the identification, evaluation, and placement of your child will be maintained in a central location and available for your examination on an appointment basis. Also, this authorization may be withdrawn by the parent, guardian or educational advocate at any time in the future. This permission form is valid up to 90 days from the date of the signature.

Relationship (Please Check One):    Parent                       Guardian                       Education Advocate

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

Date \_\_\_\_\_





State of Rhode Island and Providence Plantations  
 DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 Shepard Building  
 255 Westminster Street  
 Providence, Rhode Island 02903-3400

Angélica Infante-Green  
 Commissioner

## Home Language Survey (HLS)

To be completed by Parent or Guardian

Dear Parent or Guardian,

The information requested on this form is necessary for the most appropriate school placement of your child, and will not be used for any other purposes<sup>1</sup>.

Thank you for your collaboration.

<b>Student Name:</b>		
First	Middle	Last
<b>Date of Birth:</b>		<b>Place of Birth<sup>2</sup>:</b>
Month	Day	Year
Parent or Guardian Relationship to student:		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		

Home Language Code: \_\_\_\_\_

### Language Background

(Please check all that apply)

1. What is the primary language used in the home, regardless of the language spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____	Specify
2. What is the language most often spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____	Specify
3. What is the language that the student first acquired?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____	Specify
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____	Specify
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not write

<sup>1</sup> Required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f))

<sup>2</sup> Families are not required to provide the place of birth, but providing the information can help LEAs to better prepare to be culturally responsive.

Last Updated: 4/30/2020

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: [www.ride.ri.gov](http://www.ride.ri.gov)

The R.I. Board of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin, or disability.

**Family Interview – Educational History**

1. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

           \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?     Minor     Somewhat severe     Very severe

2a. Has your child ever been referred for a special education evaluation in the past?     No     Yes\*

\*If referred for an evaluation, has your child been identified?     No     Yes\*

\*If referred for an evaluation, and identified has your child ever received any special education services in the past?

No     Yes – Type of services received: \_\_\_\_\_

2b. Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention)     3 to 5 years (Special Education)     6 years or older (Special Education)

2c. Does your child have an Individualized Education Program (IEP), or 504 plan?     No     Yes

3. In which language do you prefer to receive oral communications from the school or district?     English     Other    \_\_\_\_\_  
Specify

4. In which language do you prefer to receive written communications from the school or district?     English     Other    \_\_\_\_\_  
Specify

5. Indicate date first enrolled in ANY U.S. school \_\_\_\_\_  
(mm/dd/yyyy)

Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

\_\_\_\_\_

\_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

**OFFICIAL ENTRY ONLY – NAME/POSITION OF PERSONNEL ADMINISTERING HIS**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: \_\_\_\_\_

**NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HIS AND CONDUCTING INDIVIDUAL INTERVIEW**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: \_\_\_\_\_

Oral Interview Necessary:     YES     NO    Date of Individual Interview: \_\_\_\_\_  
Month    Day    Year

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: \_\_\_\_\_

**NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Screener: \_\_\_\_\_    Name of the Language Screening Assessment: \_\_\_\_\_    Score achieved: \_\_\_\_\_  
Month    Day    Year

Proficiency Level Achieved:    Entering 1  / Beginning 2  / Developing 3  / Expanding 4  / Bridging 5  / Reaching 6

FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED:

\_\_\_\_\_