

Student Registration Form

To Be Completed by Parent/Guardian:

Student Information

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)					HOME PHONE NUMBER ()
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) M F	PLACE OF BIRTH		HOME/NATIVE LANGUAGE
NAME, CITY, STATE OF LAST SCHOOL (or current school)					LAST GRADE COMPLETED
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No					HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO					

Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:	
HOME PHONE NUMBER ()		WORK/CELL PHONE NUMBER ()		PARENT/GUARDIAN EMAIL

To Be Completed by Enrollment Staff:

Registration (check one): <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of – New York City school Transfer Request (check one): <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify): Notes:	Disposition: <hr/>	
	Enrolled School Name DBN	
	Referred to: School Name DBN	
	1) _____ 2) _____ 3) _____	

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: _____ **Date:** _____

Name/Signature of Counselor: _____

Additional Comments: _____

STUDENT NAME: LAST

FIRST

DATE:

To Be Completed by Enrollment Staff:

Name of Staff Completing Registration: _____

Documents Presented (Check all that apply)		
Proof of residence may be verified by any <u>two</u> of the following: <input type="checkbox"/> Residential Utility Bill (electric/gas issued by National Grid, Con Edison or the Long Island Power Authority; must be dated within the past 60 days) <input type="checkbox"/> Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Child Services (ACS), or an ACS subcontractor indicating that resident's name and address; must be dated within the past 60 days <input type="checkbox"/> An original lease agreement, deed, or mortgage statement for the residence <input type="checkbox"/> A current property tax bill for the residence <input type="checkbox"/> A water bill for the residence; must be dated within the past 90 days <input type="checkbox"/> Official payroll documentation from an employer such as a form submitted for tax withholding purposes or payroll receipt; a letter on the employer's letterhead will not be accepted; must be dated within the past 60 days <input type="checkbox"/> Parent Affidavit of Residency, if applicable, as per CR A-101		
Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Transcript/Report Card	<input type="checkbox"/> Doctor's Letter	<input type="checkbox"/> Agency Letter
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Occurrence Report	<input type="checkbox"/> Notarized letter from employer
<input type="checkbox"/> IEP (Individualized Education Program)	<input type="checkbox"/> Safety Transfer Summary of Investigation	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> Parent Affidavit	<input type="checkbox"/> Safety Transfer Intake Form	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Non-Parent Custodian Affidavit	<input type="checkbox"/> Police Report/Docket #	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Affidavit of Emancipation	<input type="checkbox"/> Court Documentation	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Transfer Form ("T-Form")	<input type="checkbox"/> Notarized letter from child care provider	<input type="checkbox"/> Other (Specify: _____)

* Updated proof of address requirements are reflected in Chancellor's Regulation A-101.

Interview Notes (Please Include all applicable information):

School History: Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info
Entitled Services: Special Education Services, ELL Services, etc.
Special Circumstances: Agency Involvement/Contact, Temporary Housing, Foster Care, etc.
School Interests: Parent Preferences, Academic Interests, Requests

To be completed by Enrollment Counselor, if applicable:
☐ Indicate if any court order exists which affects a parent's access to the student's records:
Name (first & last): _____ Documentation Presented (court order, etc.): _____

STATUS OF DISPOSITION (Check one): <input type="checkbox"/> Registered <input type="checkbox"/> Referred <input type="checkbox"/> No Action <input type="checkbox"/> Info Given <input type="checkbox"/> Pending
<input type="checkbox"/> Other (Specify): _____
Comments:

STUDENT NAME: LAST

FIRST

DATE:



Chancellor’s Regulation A-101
Housing Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. **The information you provide is confidential.** Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student’s housing in order to help determine services the student may be eligible to receive.

Note to Schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, **the student is not required to submit proof of residency** and other required documents that may be part of the registration packet. The district cannot disclose housing status information without parental consent.

Student Name & Information:

Last Name	First Name	Middle Name
OSIS Number	Date of Birth (MM/DD/YY)	School

Please identify the student’s current living arrangements. Please check one box:

Check (√)	Housing Questionnaire Choice	(School Use Only) ATS Code
	Doubled Up - With another family or other person because of loss of housing or as a result of economic hardship	D
	Shelter - Emergency or transitional shelter	S
	Hotel/Motel - Living in what is NOT an emergency or transitional shelter and involves payment	H
	Other Temporary Living Situation - Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
	Permanent Housing - Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

	Unaccompanied Youth - Youth who is not in the physical custody of a parent or guardian	(School Use Only) Enter “Y” if Applicable
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Parent/Guardian (print)

Parent/Guardian Signature

Date

Please return this form to your child’s school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student’s educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor’s Regulation A-780.

This form is accompanied by a one-page attachment titled: “McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth”.



Federal Parent/Guardian Student Ethnic and Race Identification

(PSE Form)

To the Parent or Guardian:

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept safe and private.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question gives you a chance to share if your child is of Hispanic, Latino, or Spanish origin. The second question gives you a chance to share your child's race or races. The federal government provides the options that you will choose from. Please respond to both questions.

We understand the sensitive nature of this process. The options may not represent a perfect or complete portrayal of your family's own ethnic or race identification. We encourage you to select the options using your best judgment. If you choose not to answer, federal guidelines require New York City Department of Education school staff to respond on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.¹

Thank you for your cooperation.

Directions for parents and guardians:

Please complete the form on the other side of this page and return it to your child's school.

Directions for school staff:

File the completed form in the student's cumulative folder as confidential information.

¹ **Confidentiality Procedures and Regulations:** the [Family Educational Rights and Privacy Act](#) (FERPA) and [Regulations of the Chancellor A-820](#) prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Federal Parent/Guardian Student Ethnic and Race Identification

- All students between 5 and 21 years of age have the right to a free and public education.
- Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.²

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

Student Name: _____
(Last name, first name, middle initial)

Date of Birth: ____/____/____
(Month/Day/Year)

Name of School: _____

District Borough Number: _____

Grade level: _____

Official Class Code: _____

NYC Student Identification Number: _____

PARENT OR GUARDIAN: PLEASE COMPLETE THIS SECTION

Please answer **both** questions 1 and 2. Please read them before you respond.

For question 1, mark the box that best describes your child.

- 1. Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

- ☐ **YES, Hispanic**
- ☐ **NO, not Hispanic**

For question 2, mark **all** boxes that apply to your child.

- 2. Select one or more races from the following five racial groups.**

- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and South America (including Central America). **(ATS Code: B)**
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **(ATS Code: C)**
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. **(ATS Code: D)**
- ☐ **BLACK:** A person having origins in any of the Black racial groups of Africa. **(ATS Code: E)**
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. **(ATS Code: F)**

Signature of Parent/Guardian/Other/School Staff Observer: _____ Date: _____

Relationship to student:

- ☐ Parent ☐ Other (specify): _____
- ☐ Guardian ☐ School Staff Observer (name): _____

² Race may be considered as a factor in school enrollment only where required by court order; gender is a factor only in single-gender schools.
T&I-30775 PSE Form (English)

The New York City Department of Education

Parent/Guardian Home Language Identification Survey

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated.

Thank you.

PART 1. NYSITELL ELIGIBILITY This information provided below will be used along with other information provided to determine your child’s home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (v) the box that applies. If another language is used, please specify.

1. What language(s) does the child <u>understand</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
2. What language(s) does the child <u>speak</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
3. What language(s) does the child <u>read</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not read
4. What language(s) does the child <u>write</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not write
5. What language is spoken in the child’s home or residence <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
6. What language does the child speak with parents/guardians <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
7. What language does the child speak with brothers, sisters, or friends <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____

PART 2. PRIOR EDUCATIONAL INFORMATION Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

1. Is this the first time the child has attended a school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
o How many hours each day?
o How many years of school did he/she attend?
• Which language was used for instruction?
• Has there ever been a time when your child missed school for an extended time? If yes, please describe.
2. Has the child attended school in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, answer questions below:
• Where did he/she go to school?
• How long did he/she attend school?
• Which language was used for instruction?
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what language was used? _____
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____

PART 3. PARENT INFORMATION Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. In what language would you like to receive written information from the school?
2. In what language would you prefer to communicate orally with school staff?

Parent/Guardian Signature_____

Date_____



SCHOOL YEAR 20__ – 20__

Student Last Name										Student First Name										M.I.	
Date of Birth (mm/dd/yyyy)					Gender					OSIS ID #											
Parent/Guardian Last Name (Student resides with)										Parent/Guardian First Name					Relationship						
Parent's Preferred Language of Communication (Written)										Parent's Preferred Language of Communication (Oral)											
Home Telephone					Work Telephone					Cell Phone											
Email																					
Address (House Number)															Apartment #						
City										State		Zip Code			Borough						
Other Parent/Guardian Last Name										Other Parent/Guardian First Name					Other Relationship						
Other Parent/Guardian's Preferred Language of Communication (Written)										Other Parent/Guardian's Preferred Language of Communication (Oral)											
Other Home Telephone					Other Work Telephone					Other Cell Phone											
Other Email																					
Other Address (House Number)															Other Apartment #						
Other City										Other State		Other Zip Code			Other Borough						

Name	Telephone	Relationship

Name	Relationship	Order of Protection Exists?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Updated: 07/16/20

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone _____

Health Alert

Does child have any health condition that may affect participation in physical activities? ☐ Yes ☐ No

Limitations _____ (e.g., stair climbing, participation in gym)

Allergies _____

504 services for the current year? ☐ Yes ☐ No Previous Years? ☐ Yes ☐ No

My child has (X any that apply): ☐ Private health insurance ☐ Medicaid ☐ No health insurance

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? ☐ Yes ☐ No

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.
The recommendation of the parent as indicated above will be respected as far as possible.

SIBLINGS

Sibling's Last Name	Sibling's First Name	Sibling's School of Attendance

SIGNATURE OF PARENT/GUARDIAN

Principal will be notified in writing of any changes to information on this card

Signature of Parent/Guardian _____

FOR SCHOOL USE ONLY

To be completed by school staff only.

Grade _____ Class _____ Room No. _____ Teacher _____

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition



Department of
Education

Office of Communications and Media Relations

52 Chambers Street, New York, NY 10007

Tel: 212.374.5141 Fax: 212.374.5584

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Student Name: _____ School: **PSS Chelsea Prep**

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by **PSS Chelsea Prep**.

I also grant to **PSS Chelsea Prep** the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____

School Staff: Please Complete This Section

Borough District School Name of School _____

Date of Birth (Month/Day/Year) Gender NYC Student Identification Number

Student Name: Last, First, Middle Initial _____

Pre-Reg Date (Month/Day/Year) Date Entered in ATS (Month/Day/Year)

Parent/Guardian: Please Complete This Section

Please answer **both** questions (1) and (2). Please read them before you respond.

Question 1:

What kind of care or early education did your child receive during the year before kindergarten?			Office Use Only
Check <input checked="" type="checkbox"/> all that apply			
<input type="checkbox"/>	A	My child was cared for only in a home setting (either by me, by another family member, or by a non-relative such as a babysitter or nanny).	ATS: J
<input type="checkbox"/>	B	My child was in a Pre-Kindergarten setting that I paid for (for example, a community center, day care center, licensed family day care setting, parochial school, etc.).	ATS: K
<input type="checkbox"/>	C	A combination of A and B.	ATS: L
<input type="checkbox"/>	D	I lived outside of NYC the year before Kindergarten.	ATS: M
<input type="checkbox"/>	E	Free, DOE-Funded Pre-Kindergarten.	ATS: N

Question 2:

What is the main reason you did not enroll your child in a free pre-k program the year prior to kindergarten?			Office Use Only
Check <input checked="" type="checkbox"/> all that apply			
<input type="checkbox"/>	A	I did not know about free Pre-Kindergarten.	ATS: J
<input type="checkbox"/>	B	The application process for free Pre-Kindergarten was too difficult.	ATS: K
<input type="checkbox"/>	C	There were no free Pre-Kindergarten options in my neighborhood.	ATS: L
<input type="checkbox"/>	D	I applied for free Pre-Kindergarten but my child did not get admitted in the program that was my top choice.	ATS: M
<input type="checkbox"/>	E	The free Pre-Kindergarten programs available for my child were half-day and I needed a full-day program.	ATS: N
<input type="checkbox"/>	F	The free pre-Kindergarten programs available for my child were full-day and I needed a half-day program.	ATS: P
<input type="checkbox"/>	G	I wanted to keep my child at home.	ATS: Q
<input type="checkbox"/>	H	I preferred to keep my child in the same educational setting as the year before pre-kindergarten.	ATS: R
<input type="checkbox"/>	I	None of the above.	ATS: S
<input type="checkbox"/>	J	I had concerns about the quality of DOE-funded Pre-kindergarten available to me.	ATS: T
<input type="checkbox"/>	K	Pre-kindergarten services were not available at my zoned District School.	ATS: U

Signature of Parent: _____ Date: _____

Entered in ATS By: _____

The New York City Department of Education

Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian of _____ (enter student name here),
 This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator,
 _____, and if you have questions, speak with _____ at _____.
 Thank You Student ID: _____

PART 1. LANGUAGE NEEDS: This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (✓) all that apply:

- | | |
|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Albanian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Other, please specify _____ |

2. What language does the child **understand**?

English ☐ Other Home Language(s) ☐:

3. What language does the child **speak**?

English ☐ Other Home Language(s) ☐:

4. What language does the child **read**?

Does not read yet ☐

English ☐ Other Home Language(s) ☐:

5. What language does the child **write**?

Does not write yet ☐

English ☐ Other Home Language(s) ☐:

6. What language is spoken in the child's home or residence **most of the time**?

English ☐ Other Home Language(s) ☐:

7. What language does the child speak with parents/guardians **most of the time**?

English ☐ Other Home Language(s) ☐:

8. What language does the child speak with brothers, sisters, or friends **most of the time**?

English ☐ Other Home Language(s) ☐:

9. What language does the child speak with other relatives or caregivers (e.g., babysitters) **most of the time**?

English ☐ Other Home Language(s) ☐:

10. Would you like your child to receive instruction using your home language (if available):

- ☐ All the time ☐ Most of the time ☐ Some of the time



The New York City Department of Education Pre-Kindergarten Language Needs Survey



PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this your child's first time participating in an instructional program or group experience in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO:	
a. Where did he/she go participate in daycare/preschool/play group?	
b. What was the date of enrollment?	
c. How long did he/she attend?	
d. Which language was used for instruction?	
2. Has your child participated in an instructional program or group experience in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES:	
a. Where did he/she participate in daycare/preschool/play group?	
b. How long did he/she attend?	
c. Which language was used for instruction?	
3. Does your child have any conditions that require special help or attention in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, please check all that apply:	
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma
<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____
IF YES, what early intervention has your child received, if any?	
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., Communication Board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: Which ones?	

PART 3. PARENT INFORMATION: Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. What is your first language?	
Parent/Guardian: _____	Parent/Guardian: _____
First language: _____	First language: _____
2. In what language would you like to receive written information from the school?	
3. In what language would you prefer to communicate orally with school staff?	
Parent Signature	Date



The New York City Department of Education Pre-Kindergarten Language Needs Survey



TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY					
Date:		Name of Student/ID:			
Borough:	District:	School:			
Gender:	Ethnicity Code: (form PSE):	Date of Birth:			
Relationship of person providing information for survey (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):					
If an interview is conducted, in what language is it conducted?					
Is a translator/interpreter used?					
OTELE Alpha Code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>					
Potential English Language Learner?					
Instruction will be provided in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____					