

PARENT SURVEY AND PROGRAM SELECTION FORM

[SCHOOL LETTERHEAD]

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The New York City Department of Education considers your participation in your child's education a key to his or her success. This survey is crucial in confirming that you have received all of the information necessary to select the appropriate ELL program for your child as you make your selection (see page two). Please fill out the forms completely and return them to the parent coordinator at your school.

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**Yes      No      Please check one**

           According to the Home Language Identification Survey (HLIS) that you completed at registration, your child uses [HOME LANGUAGE] at home. Is this correct? If no, what language is spoken at home? \_\_\_\_\_

           Did you receive information on the Transitional Bilingual Education, Dual Language, and Freestanding English as a Second Language programs available in your child's school and/or other schools in the district/region?

If **Yes**, how was the information presented:

- Region-wide Orientation            School Orientation  
      One-on-One Meeting            Phone Call  
      Other (please fill in): \_\_\_\_\_

**Yes      No      Please check one**

- Did you view the parent orientation video?  
            Was information presented in your home language?  
            Were materials available in your home language?  
            Did you have the opportunity to ask questions about the different programs available for your child?  
            Were you informed that your child has a right to placement in a bilingual class in his or her school if there are sufficient numbers of entitled students with the same home language and grade level?  
            Were you informed that if there are not sufficient students to form a Transitional Bilingual Education program in your school, you have the option of transferring your child to another school in the district that has a Transitional Bilingual Education program; and if you choose not to transfer your child, he or she will remain at the school and be placed in a Freestanding English as a Second Language program?  
            Were you informed that your child's placement is for the entire school year?  
            Were you informed that staying in the program that you select until your child is no longer entitled to receive services will help your child succeed?  
            Were you informed that your child would be placed in an age-appropriate class for no longer than ten days until his or her service needs are identified?

If **No**, what was the reason for not receiving the information:

- It was never offered.       It was offered but I could not attend.  
 Other reason (please fill in): \_\_\_\_\_

**Yes      No      Please check one**

           Was a make-up session offered?  
If **Yes**, for when? \_\_\_\_\_

PARENT SURVEY AND PROGRAM SELECTION FORM

**PROGRAM SELECTION:**

Student's Last Name

Student's First Name

Date of Birth

Home Language

Grade

Class

**Please put program choices in order based on preference:**

("1" for first choice, "2" for second choice, and "3" for last choice)

Transitional Bilingual Education

Dual Language

Freestanding English as a Second Language

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**I understand that if I do not make a program selection, or if I do not return this form by the date indicated below, my child may be placed in a Transitional Bilingual Education program, if there are sufficient numbers of students to do so. Otherwise, my child will be placed in a Freestanding English as a Second Language program. I also understand that some of these choices may not be available at this school, and where they are not, my child will be placed in a Freestanding English as a Second Language program.**

Parent/Guardian Name

Address (with Apt.#)

Daytime Telephone Number

Evening Telephone Number

Signature

Date

**Please return this form by**

**To**

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