

NEW YORK STATE EDUCATION DEPARTMENT Emergent Multilingual Learners Language Profile for Prekindergarten Studentsⁱ

Dear Parent or Guardian,
Thank you for completing the Emergent
Multilingual Learners Language Profile.
This survey will assist your new school
with valuable information about your
child's experience with languages.
Information gathered will assist
Prekindergarten educators in delivering
academically and linguistically relevant
instruction that strengthens the
language and literacy of all students.

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title: 4477 916 1910 1910 1910 1910 1910 1910 1910

Parent or Person in Parental Relation Information	teks state and
Name of parent or person in parental relation:	Chara the la
Relationship (to student) of person providing information for this profile:	other
In what language(s) would you like to receive information from the school? English other hor	me language:
Language in the Home	
1. In what language(s) do you (parents or guardians) speak to your child at home?	
2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)	
3. Is there a caretaker in the home? yes no	
If yes, what language(s) does the caretaker speak most frequently?	
4. What language(s) does your child understand?	
5. In what language(s) does your child speak with other people?	William Rud Wali Chil
6. Does your child have siblings?	
If yes, in what language(s) do the children speak with each other most of the time?	

7a. At what age did your child begin to speak in short sentences?
In what language?
7b. At what age did your child begin to speak in full sentences?
In what language?
8. In what language does your child pretend play?
9. How has your child learned English so far (television shows, siblings, childcare, etc.)?
Language Outside the Home/Family
10. Has your child attended any nursery, Head Start or childcare program?
If yes, in what language was the program conducted?
In what language does your child interact with other people in the nursery or childcare setting?
11. How would you describe your child's language use with friends?
Language Goals
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If yes, in what language(s)?
yee, iii what language(s):
17a. Does your child pretend to read? yes no unsure
If yes, in what language(s)?
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17b. Does your child pretend to write? yes no unsure
If yes, in what language(s)?
18. Does your child tell the stories from his/her favorite books or videos? yes no
If yes, in what language(s)?
19. Does your child's childcare or nursery program describe goals for his or her learning? yes no
If so, what goals do they describe?
20. Please describe anothing enoting the distance of the dista
20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email <u>OEL@nysed.gov</u> or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email <u>OBEWL@nysed.gov</u>.