



Student Supplementary Survey

Multilingual Education Program

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #002-F14E
July 2023

Clear Form

Today's Date _____

Student _____
Last name First name Middle Name DOB

What is the student's country of birth? _____

What language did the student first learn to speak? _____

What language(s) are spoken at home? _____

Which language does the student use most often to communicate? _____

Can the student read and write this language? Yes No

Which country is the student coming from? _____

When did the student enter the US? (Date) _____

When did the student enroll in school for the first time? _____ Grade? _____

Last Grade Completed: _____

Was the student retained? Yes Grade: _____ No

Did the student study English there? Yes No

Interrupted Education - *missed school more than 6 months consecutively* - YES NO

Has the student ever attended school in the USA? Yes No

If yes Where? _____

What was the date the student enrolled in a US school for the first time? _____

Grade? _____

Has the student ever been in a bilingual or ML program? Yes No

If yes, which school? _____

When was the last date the student attended school? _____

Where/Country: _____

*The information collected above will be used to complete state and federal reports to provide appropriate EL services if necessary.
Place in Student's ML Folder.*