



NEW BEDFORD PUBLIC SCHOOLS
ENGLISH LEARNER EDUCATION
455 County Street
New Bedford, MA 02740
(508) 997-4511, Ext. 14650

STUDENTS WITH LIMITED OR INTERRUPTED FORMAL EDUCATION (SLIFE)

PARENT/GUARDIAN INTERVIEW QUESTIONNAIRE

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Student Last Name: _____

Student First Name: _____

Student Date of Birth: _____ School: _____ Grade: _____

Date of interview: _____ Location of interview: _____

Interviewer's name: _____ Title: _____

Interpreter's name: _____

In what language is this interview being conducted? _____

Note to interviewer:

**Questions should be read aloud to parent/guardian using the appropriate translation of the SLIFE Questionnaire or with an interpreter present if the translation is not available in the parent/guardian's primary language.*

**Please print in English clearly and legibly.*

**Make a follow-up phone call to the parent to complete information not gathered during interview.*

- ☐ Questionnaire completed in person
- ☐ Questionnaire completed over the phone

<ol style="list-style-type: none">1. In what country were you born? _____2. In what country was your child born? _____3. In what city or town was your child born? _____4. In what other cities, states, or countries has your child lived? _____5. When did your child arrive to the United States? _____6. When did your child arrive to Massachusetts? _____7. When did your child arrive to New Bedford? _____8. With whom do you live? _____9. What was the first language your child learned at home? _____10. What other languages, if any, has your child learned? _____11. Which language is your child most comfortable using? _____12. Which language(s) does your child use when s/he speaks with friends? _____13. When your child is at home, what does s/he likes to do in his/her free time? _____14. What are your plans for the future? _____15. Did you or family members ever go to your child's school to meet with teachers and get to know the school? _____	Notes:
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<p>16. What is your highest level of education?</p> <p><input type="checkbox"/> primary school <input type="checkbox"/> secondary school <input type="checkbox"/> high school <input type="checkbox"/> college/university</p> <p><input type="checkbox"/> graduate school <input type="checkbox"/> I don't know <input type="checkbox"/> no formal schooling</p> <p>17. What is your spouse's highest level of education?</p> <p><input type="checkbox"/> primary school <input type="checkbox"/> secondary school <input type="checkbox"/> high school <input type="checkbox"/> college/university</p> <p><input type="checkbox"/> graduate school <input type="checkbox"/> I don't know <input type="checkbox"/> no formal schooling</p> <p>18. In which language(s) was your education? _____</p> <p>19. Does anyone in your immediate family currently live in your home country? _____ Who? _____</p> <p>20. Do many people in your neighborhood speak English? _____</p> <p>21. Do many people in your neighborhood speak your language? _____</p> <p>22. Do you or your family belong to any clubs, groups, churches, and/or organizations? _____</p> <p>23. What language do you use when you:</p> <p>Read _____</p> <p>Write _____</p> <p>Talk on the phone _____</p> <p>Use the internet _____</p> <p>Work _____</p> <p>Watch TV _____</p> <p>Listen to music or the radio _____</p> <p>Watch movies _____</p> <p>Participate in religious services _____</p>	
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School Experience

<p>24. Last year:</p> <p>In what country was your child living? _____</p> <p>Did your child go to school most of the time? _____</p> <p>In what language(s) were the lessons given? _____</p>	<p>Notes:</p>
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25. Three years ago:

In what country was your child living? _____

Did your child go to school most of the time? _____

In what language(s) were the lessons given? _____

26. Five years ago:

In what country was your child living? _____

Did your child go to school most of the time? _____

In what language(s) were the lessons given? _____

27. When did your child stop attending school? _____

How old was your child? _____

What grade was your child in? _____

Why did your child stop attending school? ☐ Mother or father work

☐ Mother or father takes care of a family member(s) ☐ cost of school

☐ distance to school ☐ other _____

28. When did your child first go to school? _____

29. What was the last grade your child completed? _____

When? _____ Where? _____

30. What kind of books and or materials did you have at home?

31. Did your child have access to technology/computer/cellphone/
Internet? _____

32. Were you given report cards with grades at the end of each school
year? _____