

English as an Additional Language (EAL)

Student Family Background Information



Please complete all relevant data for students with English as an Additional Language. This information is to be used by the school administration team for placement and programming purposes.

Student Full Name (last, first, middle)	
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General Family Information

If registering more than one student, for whom the General Family Information is the same list the Other Family Member's Names below and complete the General Family Information for one student only. Complete the Student Information section for each student.

Other Family Member's Names				
Family Contact Name				
Family Contact can speak English	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Level of English speaking ability	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Developing
	<input type="checkbox"/>	Beginning	<input type="checkbox"/>	Not at all
Family Contact can read/write in first Language	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Family Contact can read/write in English	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
All members of immediate family currently live together	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name of Interpreter (if applicable)				
Interpreter's Phone Number	306-			
Country of Birth				
Country of Origin (last country of residence)				
Other Countries lived in				
What type of residential area did the family reside in their country of origin (last country of residence)?	<input type="checkbox"/>	City	<input type="checkbox"/>	Rural area
	<input type="checkbox"/>	Village	<input type="checkbox"/>	Refugee Camp
Cultural background (optional)				
Arrival date to Canada	Month _____	Day _____	Year	20 _____
Arrival date to Saskatchewan	Month _____	Day _____	Year	20 _____

Student Information

Student's Full Name				
Number of Years Literate in First Language				
Number of Months/Years using English				
Last Grade/Level completed				
Date of last School Attendance	Month _____	Day _____	Year	20 _____
Place of last Attendance				
School Attendance was	<input type="checkbox"/>	Limited	<input type="checkbox"/>	Interrupted
	<input type="checkbox"/>	Average	<input type="checkbox"/>	Above Average
	<input type="checkbox"/>	Below Average		
Student requires additional support in school while learning in their first language i.e. has learning difficulty	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Student has had hearing checked				
Student has had eyesight checked				
Student has had health problems				
Student has experienced trauma				
Describe the supports required as a result of health problems or trauma.				

Family Support Information

Does this family require EAL support from Prairie Spirit School Division?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there an outside sponsoring agency that is providing support for this family?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name of the Agency				

Please ensure all pages of the registration form are completed accurately. Thank you.