Early Learning Services 1500 Highway 36 West Roseville, MN 55113-426

Early Childhood Family Education (ECFE) and School Readiness Parent Questionnaire

General Information: Please help us learn about your child and family. Neither you nor your child will be identified in any published report. If you do not wish to participate in the parent questionnaire, it will not prevent you or your child from participating in any program or service. All data provided are protected by state and federal data privacy standards.

If you choose to voluntarily answer the questions, your information will be used by your local school district and the Minnesota Department of Education for program planning and evaluation in line with state and federal data privacy practices. Again, only aggregated information will be published. Thank you for your help in improving public services!

1.	Please indicate whether you at the second		Grandmother Guardian	Grandfather Other Relative
2.	Your highest level of school co Eighth grade 12th grade High School Diploma Some college but no degree	As Ba M	Mark only one. ssociate's Degree achelor's Degree aster's degree n. D.	
3.	Your Date of Birth (Month/Da	y/Year)		
4	Your current job status, mark	anly one		

4. Your current job status, mark only one.

- ____ Employed > 25 hours per week, employed more than 25 hours per week
- ____ Employed < 25 hours per week, employed less than 25 hours per week
- ____ Unemployed, seeking employment
- ____ Unemployed, not seeking employment

5. What is the race/ethnicity of your child(ren) (circle all that apply)

White	Black/African/African American	Hispanic or Latino
Asian	Native Hawaiian or Other Pacific Islander	American Indian/Alaskan Native
Other, single	race	Other, two or more races

6. What are your primary home languages? (circle all that apply)

English	Spanish	Hmong	Somali	Vietnamese	Karen	Arabic
Russian	Mandarin	Laotian	Oromo	Cambodian	Other:	

- 7. What was your household's total yearly income, before taxes last year, rounding to the nearest thousand? \$_____
- 8. How many people were in your household last year? Circle one.

2 3 4 5 6 7 8

For School Use Only – SSID Number_____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information					
Student's Full Name:	Birthdate or Student ID:				
(Last, First, Middle)					

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	language(s) other than English. English and language(s) other than English. only English.	
2. My student speaks:	language(s) other than English. English and language(s) other than English. only English.	
3. My student understands:	language(s) other than English. English and language(s) other than English. only English.	
4. My student has consistent interaction in:	language(s) other than English. English and language(s) other than English. only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information					
Parent/Guardian Name (printed):					
Parent/Guardian Signature:	Date:				

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

DEPARTMENT OF EDUCATION

Reset form

Ethnic and Racial Demographic Designation Form

Student's First Name:		Middle Name	/Initial:	Last Name:		
Date of Birth: District:						
Minnesota state law, M Parents or guardians ar federal questions (in bc	report ethnicity and race to t innesota disaggregates each e not required to answer the Id), federal law requires scho re questions are labeled as "C	category into det federal questions ools to choose for	ailed groups to fu (in bold) for the you. This is a last	rther represent c r children. If you resort—we prefe	choose not to answer the er if parents or guardians	
This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our <i>Frequently Asked Questions: Ethnic and Racial Designation Form.</i>						
Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ¹						
[You must select "yes" or "no" to this question.]						
O Yes [If yes, go	O Yes [If yes, go to Question A.] O No [If no, go to Question 1.]					
Optional Question A: If yes was chosen above, select all that apply from the list below (<i>this question will not be answered by school staff</i>):						
 Decline to Colombia Ecuadoria Go to Question 	n 🗆 Mexica an 🗆 Puerto	n 🗆	Salvadoran Spaniard/Span Spanish-Ameri		Other Hispanic/Latino Unknown	
[Select "yes" to at leas	t one of the Questions (1-6) l	below.]				
Question 1: Does the	student identify as Ameri	ican Indian or A	aska Native as	defined by the	state of Minnesota? The	

state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

O Yes [If yes, go to Question 1a.]

O No [If no, go to Question 2.]

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- Decline to indicate
- □ Cherokee
- Other North American Indian Tribal Affiliation

- Anishinaabe/Ojibwe
- Dakota/Lakota
 Unknown
- Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

0	Yes	[Go to Question 3.]			0		No [Go to Question 3.]	
origins	in ar	. Is the student Asian as de ny of the original peoples o China, India, Japan, Korea,	f the F	ar East, South	neast Asia, or	tł	ne Indian subcontinent	including, for example,
0	Yes	[If yes, go to Question 3a.]			0	1	No [If no, go to Question	n 4.]
-		al Question 3a. If yes was c red by school staff):	hosen	above, select	all that apply	/ f	rom the list below (<i>thi</i>	is question will not be
		Decline to indicate Asian Indian Burmese		Chinese Filipino Hmong]		Other AsianUnknown
Go	to Q	Question 4.						
O Op	Yes otiona	rsons having origins in any [<i>If yes, go to Question 4a.</i>] al Question 4a. If yes was c red by school staff):		-	0	1	No [If no, go to Question	-
		Decline to indicate African-American Ethiopian-Oromo			Ethiopian-O Liberian Nigerian)tł		SomaliOther blackUnknown
G	o to (Question 5.						
	l defi	. Is the student Native Hav inition includes persons hav					•	•
0	Yes	[Go to Question 6.]			0	1	No [Go to Question 6.]	
		. Is the student white as denoted by the original peoples o		-	-			n includes persons havin
0	Yes	5			0	1	No	
Parent	(s)/G	uardian Name					Date	
Parent((s)/G	uardian Signature						
Print/Sa								

DEPARTMENT OF EDUCATION



Students experiencing homelessness may be eligible for additional educational services. The federal McKinney-Vento Homeless Assistance Act defines a homeless student as; *one who lacks a fixed and adequate nighttime residence*

Please select one of the following:

Yes, this student is homeless

No, this student is not homeless

If yes, please select the option that best represents the student's current housing situation.

- o Shared housing
- o Motel, hotel, trailer park or camp ground due to lack of alternative accommodations
- o In emergency or transitional shelter
- Awaiting foster care placement
- o Primary nighttime residence is not ordinarily used as a regular sleeping accommodation
- o Living in car, park, public space, abandoned building, substandard housing, bus or train station