



Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____ *specify*
2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
3. What language(s) does the student understand? English Other _____ *specify*
4. What language(s) does the student speak? English Other _____ *specify*
5. What language(s) does the student read? English Other _____ Does Not Read *specify*
6. What language(s) does the student write? English Other _____ Does Not Write *specify*

7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Month: _____ Day: _____ Year: _____

Signature of Parent/Guardian/Other _____

Date _____



Enrolled Student Information Form

Student Name _____

STUDENT ETHNICITY (Choose one):

Hispanic/Latino

Not Hispanic/Latino

STUDENT RACE (Choose one or more, regardless of Ethnicity):

American Indian or Alaskan Native

Asian

Native Hawaiian/Other Pacific Islander

Black or African American

White

LANGUAGE SPOKEN AT HOME: _____

IS THIS YOUR NATIVE LANGUAGE?

YES ___ or NO ___