

Home Language Questionnaire (HLQ)

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 in English, as well as prior school and personal history. Please complete the sections below entitled Language

Please write clearly when completing this section.						
STUDENT NA	ME:					
First	Middle	Last				
DATE OF BIR	TH:		GENDER:			
			□ Male			
Month	Day	Year	□ Female			
P A R E N T /GUARDIAN I N F O :						
COMPLETE NAME:						

Background and Educational History. Your assistance in answering these questions is greatly	greatly Month		Day		□ Male □ Female			
appreciated.	PAREN	N T /GUARDI	ANINFO:					
	COMPLET							
		5 /						
Language Background (Please check all that apply)								
1. What language(s) is (are) spoken in the student's home or residence?		□ English	□ Other	Specify:				
2. What was the first language your child learned?		□ English	□ Other	Specify:				
3. What is the Home Language of each parent/guardian?	Λ	Nother:		Father:				
4. What language(s) does your child understand?		□ English	□ Other	Specify:				
5. What language(s) does your child speak?		□ English	□ Other	Specify:	□ Does not Speak			
6. What language(s) does your child read?		□ English	□ Other	Specify:	Does not Read			
7. What language(s) does your child write?		□ English	□ Other	Specify:	□ Does not Write			
	Educ	ational Hi	story					
8. Indicate the total number of years that your child has been enrolle				_				
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? □ Yes □ No □ Not Sure If yes, please describe them: How severe do you think these difficulties are? □ Minor □ Somewhat severe □ Very severe								
10a. Has your child ever been referred for a special education eval	uation in the	past? □ No	□ Yes (*pleas	e complete 10b belov	v)			
10b. If referred for an evaluation, has your child ever received any structure of services received: Age at which services received (please check all that apply): □ Birth to 3 years (Early Intervention) □ 3 to 5 years (Special								
10c. Does your child have an Individualized Education Program (IE	P)? □ No	□ Yes						
11. Is there anything else you think is important for the school to know about your child? (e.g., special talent, health concern, etc.)								
12. In what language(s) would you like to receive information from the	he school?							
Signature of Parent or Guardian	Relations	ship to stude er □ Fathe	ent:	00000000000000000000000000000000000000	₩₩₩Öær\K'''''			
OFFICIAL ENTRY ONLY -	NAME/P	OSITION OF	PERSONNEL A					
District Name/School & Address:				3	Student ID:			
Name/Position of Qualified Personnel Reviewing HLQ/Conducting					Oral Interview Necessary? ☐ Y ☐ N			
Date of Individual Interview: Outcome	of Interview	∵ □ Admin	ister NYSITELL	□ English Proficient	□ Refer to Language Team			

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ							
District Name/School & Address:	Student ID:						
Name/Position of Qualified Personnel Reviewing HLQ/0	Conducting Interview:	Oral Interview Necessary? □ \					
Date of Individual Interview:	Outcome of Interview:	☐ Administer NYSITELL ☐ English Proficie	ent □ Refer to Language Team				
Date NYSITELL Administered:	Proficiency Level Achiev	ved □ Entering □ Emerging □ Transition	ning Expanding Commanding				
For students with disabilities, list accommodations, if any, administered in accordance with IEP pursuant to CSE Recommendation:							