



# 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)

- What language(s) is spoken in the student's home or residence?  English  Other \_\_\_\_\_ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student understand?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student speak?  English  Other \_\_\_\_\_ *specify*
- What language(s) does the student read?  English  Other \_\_\_\_\_ *specify*  Does Not Read
- What language(s) does the student write?  English  Other \_\_\_\_\_ *specify*  Does Not Write

7. In your opinion, how well does the student understand, speak, read and write English?
- |                     | <i>Very well</i>         | <i>Only a little</i>     | <i>Not at all</i>        |
|---------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

Signature of Parent/Guardian/Other \_\_\_\_\_

Date \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_