

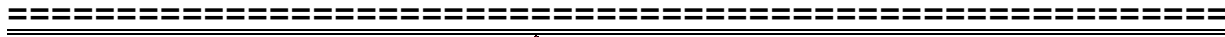
Home Language Questionnaire (HLQ)

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	
<i>Please print or type clearly</i>	
District:	
School:	
Student Name:	
Date of Birth:	_____ <i>Month</i> _____ <i>Day</i> _____ <i>Year</i>
Student ID #	
Country of Birth:	Ancestry:
No. of Years Enrolled In School, outside the U.S.	
Name/Position of School Personnel Completing this Section:	
Determination: <input type="checkbox"/> Possible LEP	
<input type="checkbox"/> English Proficient	



(boxes that apply)

1. What language(s) is spoken in the student's home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other	
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2. What language(s) is spoken most of the time to the student in the home or residence?

<input type="checkbox"/> English	<input type="checkbox"/> Other	specify
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3. What language(s) does the student understand?

<input type="checkbox"/> English	<input type="checkbox"/> Other	specify
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4. What language(s) does the student speak?

<input type="checkbox"/> English	<input type="checkbox"/> Other	specify
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5. What language(s) does the student read?

<input type="checkbox"/> English	<input type="checkbox"/> Other	specify	<input type="checkbox"/> Does Not Read
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6. What language(s) does the student write?

<input type="checkbox"/> English	<input type="checkbox"/> Other	specify	<input type="checkbox"/> Does Not Write
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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"/>



Signature of Parent/Guardian/Other _____
:kml

Date: _____ *Month* _____ *Day* _____ *Year* HLQ (2/00) 99-337 PM