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** _____ *specify* ❏ **Does Not Read**

6. 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?

	Very well	*Only a little*	*Not at all*
Understands English	❏	❏	❏
Speaks English	❏	❏	❏
Reads English	❏	❏	❏
Writes English	❏	❏	❏

Month: Day: Year:

_____   _____
Signature of Parent/Guardian/Other   *Date*   HLQ (2/00) 99-337 PM