



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

<i>Please print or type clearly</i>		PARENT/GUARDIAN
STUDENT NAME _____		
DATE OF BIRTH Month: _____ Day: _____ Year: _____		
COUNTRY OF BIRTH / ANCESTRY _____		
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____		SCHOOL PERSONNEL
SCHOOL _____	GRADE _____	
STUDENT IDENTIFICATION NUMBER _____		
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____		
DETERMINATION: <input type="checkbox"/> Possible LEP <input type="checkbox"/> 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 _____ Does Not Read
specify
- What language(s) does the student write? English Other _____ Does Not Write
specify
- 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

Month: _____ Day: _____ Year: _____

Date