



## 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 Background* and *Educational History*. Your assistance in answering these questions is greatly appreciated.

Please write clearly when completing this section.			
STUDENT NAME:			
First	Middle	Last	
DATE OF BIRTH:			GENDER:
			<input type="checkbox"/> Male
Month	Day	Year	<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:			
COMPLETE NAME:			

**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? Mother: \_\_\_\_\_ 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

**Educational History**

8. Indicate the total number of years that your child has been enrolled in school: \_\_\_\_\_ Total numbers of years enrolled in United States schools: \_\_\_\_\_
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 evaluation in the past?  No  Yes (\*please complete 10b below)
- 10b. If referred for an evaluation, has your child ever received any special education services in the past?  No  Yes  
 Type of services received: \_\_\_\_\_  
 Age at which services received (please check all that apply):  
 Birth to 3 years (Early Intervention)  3 to 5 years (Special Education)  6 years or older (Special Education)
- 10c. Does your child have an Individualized Education Program (IEP)?  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 school? \_\_\_\_\_

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

Signature of Parent or Person in Parental Relationship

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

District Name/School & Address:		Student ID:
Name/Position of Qualified Personnel Reviewing HLQ/Conducting Interview:		Oral Interview Necessary? <input type="checkbox"/> Y <input type="checkbox"/> N
Date of Individual Interview:	Outcome of Interview: <input type="checkbox"/> Administer NYSITELL <input type="checkbox"/> English Proficient <input type="checkbox"/> Refer to Language Team	
Date NYSITELL Administered:	Proficiency Level Achieved <input type="checkbox"/> Entering <input type="checkbox"/> Emerging <input type="checkbox"/> Transitioning <input type="checkbox"/> Expanding <input type="checkbox"/> Commanding	
For students with disabilities, list accommodations, if any, administered in accordance with IEP pursuant to CSE Recommendation:		