



# 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

DISTRICT _____		<i>Please print or type clearly</i>	
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:		<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?  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 \_\_\_\_\_  Does Not Read *specify*

6. What language(s) does the student write?  English  Other \_\_\_\_\_  Does Not Write *specify*

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 \_\_\_\_\_

Date \_\_\_\_\_

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