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 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. Thank you.

Please write clearly when completing this section.

**STUDENT NAME:**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**DATE OF BIRTH:**

<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
</table>

**GENDER:**

- [ ] Male
- [ ] Female

**PARENT/PERSN IN PARENTAL RELATION INFO:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
</tr>
</thead>
</table>

**HOME LANGUAGE CODE**

**Language Background**

(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?
   - [ ] English
   - [ ] Other

2. What was the first language your child learned?
   - [ ] English
   - [ ] Other

3. What is the Home Language of each parent/guardian?
   - [ ] Mother
   - [ ] Father
   - [ ] Guardian(s)

4. What language(s) does your child understand?
   - [ ] English
   - [ ] Other

5. What language(s) does your child speak?
   - [ ] English
   - [ ] Other
   - [ ] Does not speak

6. What language(s) does your child read?
   - [ ] English
   - [ ] Other
   - [ ] Does not read

7. What language(s) does your child write?
   - [ ] English
   - [ ] Other
   - [ ] Does not write

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

**SCHOOL DISTRICT INFORMATION:**

<table>
<thead>
<tr>
<th>District Name (Number) &amp; School</th>
<th>Address</th>
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**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**
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### Educational History

8. Indicate the total number of years that your child has been enrolled in school ____________

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? If yes, please describe them.
   - Yes*  ☐  No  ☐  Not sure ☐
   - If yes, please explain: __________________________________________

   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 talents, health concerns, etc.)
   ________________________________________________________________

12. In what language(s) would you like to receive information from the school?
   ________________________________________________________________

   Signature of Parent or of Person in Parental Relation

   Relationship to student: ☐ Mother  ☐ Father  ☐ Other: ______________________

   Month:  Day:  Year:  Date

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

NAME: ____________________________________________  POSITION: __________

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME: ____________________________________________  POSITION: __________

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: ____________________________________________  POSITION: __________

ORAL INTERVIEW NECESSARY: ☐ No  ☐ Yes

**DATE OF INDIVIDUAL INTERVIEW:**

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<th>Day</th>
<th>YR</th>
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OUTCOME OF INDIVIDUAL INTERVIEW:
- ☐ ADMINISTER NYSITELL
- ☐ ENGLISH PROFICIENT
- ☐ REFER TO LANGUAGE PROFICIENCY TEAM

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: ____________________________________________  POSITION: __________

DATE OF NYSITELL ADMINISTRATION:

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<th>YR</th>
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PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
- ☐ ENTERING  ☐ EMERGING  ☐ TRANSITIONING  ☐ EXPANDING  ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

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ENGLISH