



# 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

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  English  Other \_\_\_\_\_  
home or residence? *specify*

2. What language(s) are spoken most of the time  English  Other \_\_\_\_\_  
to the student, in the home or residence? *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**                 

**Speaks English**                 

**Reads English**                 

**Writes English**                 

Month:    Day:    Year:

*Signature of Parent/Guardian/Other*

*Date :*