



Office for Elementary, Middle, Secondary and Continuing Education
Office of Bilingual Education and Foreign Language Studies

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:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
<i>Month</i> <i>Day</i> <i>Year</i>		<input type="checkbox"/> Female
PLACE OF BIRTH:		
<i>City</i>	<i>State</i>	<i>Country</i>

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i style="margin-left: 100px;">specify</i>
2. What is the Native Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i style="margin-left: 100px;">specify</i>	<input type="checkbox"/> Father _____ <i style="margin-left: 100px;">specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i style="margin-left: 100px;">specify</i>	
3. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i style="margin-left: 100px;">specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i style="margin-left: 100px;">specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i style="margin-left: 100px;">specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i style="margin-left: 100px;">specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i style="margin-left: 100px;">specify</i>
		<input type="checkbox"/> Does not write

Educational History

8. Did your child attend school in outside of the United States?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	*If yes, until what age? _____
		*If yes, until what grade? _____
		*If yes, how many total years in school? _____
*If yes, what are the name(s) and address(es) of the school(s) attended <u>outside of the United States?</u>	1.	Language(s) of instruction: _____
		Dates attended: _____
	2.	Language(s) of instruction: _____
		Dates attended: _____
	3.	Language(s) of instruction: _____
		Dates attended: _____

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

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
<i>District Name (Number) & School</i>	<i>Address</i>



Home Language Questionnaire (HLQ) – Page 2

Educational History - Continue

9. Has your child ever attended school in the United States before today? No Yes*

***If yes, what is(are) the name(s) and address(es) of the previous school(s) in the United States?**

1.
2.
3.

***If yes, date first enrolled in a U.S. school:** _____

***If yes, date last attended a U.S. School:** _____

***If yes, what language(s) was/were used for instruction?** _____

10a. Do you think your child may have any difficulties that affect his or her ability to understand, speak, read or write in the native language ?

Yes* No Not sure

 ***If yes, please explain:** _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10b. Do you think your child may have any difficulties that affect his or her ability to understand, speak, read or write in English?

Yes* No Not sure

 ***If yes, please explain:** _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

11a. Has your child ever been referred for a special education evaluation in the past? No Yes* **Please complete 11b below*

11b. **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: Birth to 3 years old 3 to 5 years old 5 years old and over

(Please check all that apply)

11c. Does your child have an Individualized Education Program? No Yes

12. Is there anything else that you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

13. In what language(s) would you like to receive information from the school? Native Language English Both

Month: _____ Day: _____ Year: _____

Signature

Date

Relationship to child: Mother Father Other: _____

NAME/POSITION OF TRAINED SCHOOL/DISTRICT PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

DID THE PARENTS/GUARDIANS NEED ASSISTANCE IN COMPLETING THE HLQ? NO YES IF YES, HOW? _____

NAME/POSITION OF CERTIFIED PERSONNEL CONDUCTING INFORMAL ORAL INTERVIEW

NAME: _____ POSITION: _____

PERSON (S) INTERVIEWED: Parent or guardian Student Both parent/guardian and student

****DATE OF INFORMAL ORAL INTERVIEW:** _____

MO DAY YR.

OUTCOME OF INFORMAL ORAL INTERVIEW:

ADMINISTER LAB-R

ENGLISH PROFICIENT

REFER TO LANGUAGE PROFICIENCY ASSESSMENT TEAM (LPAT)

(SEE ITEMS #10, 11 AND/OR 12 ABOVE)

****PLEASE USE INFORMAL ORAL INTERVIEW QUESTIONS AT THE APPROPRIATE AGE/GRADE LEVEL AS PROVIDED IN THE DIRECTIONS****

NAME/POSITION OF CERTIFIED PERSONNEL ADMINISTERING LAB-R

NAME: _____ POSITION: _____

DATE OF LAB-R ADMINISTRATION: _____

MO DAY YR.

PROFICIENCY LEVEL ACHIEVED ON LAB-R: BEGINNER INTERMEDIATE ADVANCED PROFICIENT