

## 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

*Please print or type clearly*

DISTRICT				Union-Endicott Central School District			
SCHOOL/GRADE							
STUDENT NAME							
DATE OF BIRTH							
		<i>Month</i>		<i>Day</i>		<i>Year</i>	
STUDENT IDENTIFICATION NUMBER							
COUNTRY OF BIRTH/ANCESTRY							
NO. OF YEARS ENROLLED IN SCHOOL OUTSIDE OF U.S.							
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION				REGISTRAR			
DETERMINATION							
<input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient							

(✓ boxes that apply)

1. What language is spoken in the student's home or residence?       **English**       **Other**
2. What language(s) are spoken most of the time to the student, in the home or residence?       **English**       **Other**
3. What language(s) does the student understand?       **English**       **Other**
4. What language(s) does the student speak?       **English**       **Other**
5. What language(s) does the student read?       **English**       **Other**
6. What language(s) does the student write?       **English**       **Other**
7. In your opinion, how well does the student understand, read and write English?

	<b>Very Well</b>	<b>Only a Little</b>	<b>Not at all</b>
<b>Understands English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reads English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writes English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Month:                      Day:                      Year:

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date