



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234 Office of P-12

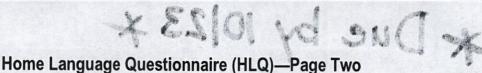
Elisa Alvarez, Associate Commissioner Office of Bilingual Education and World Languages

55 Hanson Place, Room 594 Brooklyn, New York 11217 Tel: (718) 722-2445 / Fax: (718) 722-2459 89 Washington Avenue, Room 528EB Albany, New York 12234 (518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental	N				
Relation:	STUDENT NAME:				
In order to provide your child with the	First	Middle	Last		
best possible education, we need to			Last		
determine how well he or she	DATE OF BIRTH:			GENDER:	
understands, speaks, reads and writes in English, as well as prior school and				☐ Male	
personal history. Please complete the	Month	Day	Year	☐ Female	
sections below entitled Language	PARENT/PERSO	N IN PARENT	AL RELATI	ON INFO:	
Background and Educational History.					
Your assistance in answering these questions is greatly appreciated. Thank you.	Last Nan	ne	First Na	First Name Relation to	
	Hone LANGUAGE	2005			
	HOME LANGUAGE	CODE			
	anguage Backg (Please check all that a				
1. What language(s) is(are) spoken in the student's home or residence?	ne 🗅 English	☐ Other			
				specify	
2. What was the first language your child learned?	☐ English	Other			
3. What is the Home Language of each parent/guardian?	? Dearent 1		□ Pr	specify arent 2	
3. What is the nome Language of each parent guar		specify		specify	
	☐ Guardian(s)			······································	
4 What Israevasa(a) does your shild understand?	□ English	□ Other	op	specify	
4. What language(s) does your child understand?	LI Eligiisii	U Other		specify	
5. What language(s) does your child speak?	☐ English	☐ Other		☐ Does not speak	
o. What mildanda/a/ acce Jem			specify		
6. What language(s) does your child read?	☐ English	☐ Other		☐ Does not read	
			specify		
7. What language(s) does your child write?	☐ English	□ Other		□ Does not write	
· · · · · · · · · · · · · · · · · · ·			specify		
THIS SECTION TO BE COMPLETE	ED BY DISTRICT I	N WHICH STU	DENT IS RE	GISTERED:	
SCHOOL DISTRICT INFORMATION:		D NUMBER IN ION SYSTEM:	NYS STUDENT		
				a selection of the se	
District Name (Number) & School: Address:	A CHEST CHEST				

ENGLISH



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. 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? Month: Day: Year: Signature of Parent or of Person in Parental Relation Date Relationship to student: Parent Other: OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ NAME: Position: IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW NAME: POSITION' ORAL INTERVIEW NECESSARY: O No YES ☐ ADMINISTER NYSITELL **OUTCOME OF** **DATE OF INDIVIDUAL ■ ENGLISH PROFICIENT INDIVIDUAL INTERVIEW: ☐ REFER TO LANGUAGE PROFICIENCY TEAM INTERVIEW: NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL NAME: Position: PROFICIENCY LEVEL DATE OF NYSITELL ACHIEVED ON ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ■ EXPANDING ☐ COMMANDING **ADMINISTRATION:** NYSITELL .

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