



SACRED HEART SCHOOL

59 WILSON STREET, HARTSDALE, NEW YORK 10530
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O SACRED HEART OF JESUS, I PLACE MY TRUST IN YOU!

O SACRED HEART OF JESUS, HAVE MERCY ON US!

Dr. John Fruner, EdD
Principal

Rev. Michael Moon
Pastor

Dear Parents,

Your hard earned tax dollars enables our school to be eligible for professional development and coaches for our teachers, as well as direct services to our students. The attached English Language Questionnaire helps determine what Sacred Heart School can get from New York State.

Please take the time to fill out this form for every child in your family that attends Sacred Heart School.

Even though to the top right section say **TO BE COMPLETED BY SCHOOL PERSONNEL**, we do need you to fill out a portion of that section in order to identify the student.

Please complete the information that asks for: GRADE, STUDENT NAME, and DATE OF BIRTH. The rest of that section is completed by our school.

Then, please complete questions 1 to 7.

Finally, a parent or guardian must sign the form.

Depending on the number of questionnaires completed determines the services Sacred Heart School receives.

Thank you so much!

Sincerely,

Dr. John Fruner, EdD

Principal

*Registered by The University of The State of New York
Accredited by Cognia (<http://www.cognia.org>)*

Sacred Heart School, founded in 1953, is a learning community dedicated to providing comprehensive and challenging Pre-Kindergarten through Grade 8 education. Our culture is to foster the children's individuality within our safe and nurturing atmosphere. Here at Sacred Heart, we value respect, individuality, self-awareness, self-esteem, and personal responsibility to foster an environment within a Christ-centered learning environment. Our students will develop the skills of independent life-long learning with our commitment to education and promote peace and citizenship through character education.



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

Month:

Day:

Year:

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 home or residence? ☐ English ☐ Other _____
specify
2. What language(s) are spoken most of the time to the student, in the home or residence? ☐ English ☐ Other _____
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?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month:

Day:

Year: