

GRANVILLE CENTRAL SCHOOL DISTRICT

HOME LANGUAGE QUESTIONNAIRE (HLQ)

Dear Parent/Guardian:

In order to provide your child with the best possible education, we need to determine how well he/she understands, speaks, reads and writes English. Your assistance in answering the following questions is greatly appreciated. Please print your answers and check (✓) all boxes that apply. Thank you

Student Name:		Date of Birth:	
Parent/Guardian Name:		Phone Number:	
Parent/Guardian Signature		Today's Date:	
Grade:	Country of Birth:	Date of Arrival in United States:	
Number of Years Enrolled in School Outside of U.S.:			
Has student attended school in the United States for three or more years: <input type="checkbox"/> Yes <input type="checkbox"/> No			
What Language(s) is spoken in the student's home?		<input type="checkbox"/> English	<input type="checkbox"/> Other: _____ specify
What Language(s) is spoken most of the time to the student in the home?		<input type="checkbox"/> English	<input type="checkbox"/> Other: _____ specify
What Language(s) does the student understand?		<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
What Language(s) does the student speak?		<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
What Language(s) does the student write?		<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
For School Personnel Use Only			
In your opinion, how well does the student understand, speak, read, and write English?			
Understands English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
Speaks English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
Reads English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
Writes English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Only a little	<input type="checkbox"/> Not at all
School:		Student ID#	
Determination: <input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient		Date:	
Name/Position of school Personnel completing this section:			