

THE WISCONSIN HOME LANGUAGE SURVEY (HLS)

Glendale-River Hills School District

STUDENT'S LEGAL NAME

Student Name: _____ Birth Date: ____/____/____

What is the first date your child enrolled in a school in the United States?: ____/____/____ Grade: _____

Languages used by student: ____ English ____ Other(s): _____

Name of person completing the survey: _____

Relationship to student: ____ Mother ____ Father ____ Guardian ____ Other: _____

Signature of person completing survey: _____ Date: _____

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Section 1

1. Was the first language used by this student English?

Yes: *Go to question 2*

No: *Go to question 3*

2. When at home, does this student hear or use a language other than English more than half of the time?

Yes: *Go to question 4*

No: *Student is not eligible for ELP Screening. HLS is complete. Go to section 2*

3. When at home, does this student hear or use a language **other than English** more than half of the time?

Yes: *HLS is complete. Go to question 2*

No: *Go to question 4*

4. When interacting with their parents or guardians, does this student hear or use a language **other than English** more than half of the time?

Yes: *HLS is complete. Go to question 2*

No: *Go to question 5*

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language **other than English** more than half of the time?

Yes: *HLS is complete. Go to question 2*

No: *Go to question 6*

6. When interacting with siblings or other children in their home, does this student hear or use a language **other than English** more than half of the time?

Yes: *HLS is complete. Go to question 2*

No: *Go to question 7*

7. Is this student a Native-American, Native Alaskan, or Native Hawaiian?

Yes: Go to question 8

No: *Go to question 9*

8. Is this student's language influenced by a Tribal language through a parent, grandparent relative or guardian?

Yes: HLS is complete. Go to question 8

No: *Go to question 9*

9. Has the student recently moved from another school district where they were identified as an English learner?

Yes: WL Teacher will review and get back to you.

No: *Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.*

Section 2

Parental preference for languages used for school communications (may be multiple):

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Oral: _____ Oral: _____

Written: _____ Written: _____

TO BE COMPLETED BY SCHOOL STAFF

HLS Results *Screen Do not screen

*EL teacher will screen student within 30 days of the start of the year and will be contact parents/guardians about the English Language Proficiency screening results.

HLS administered by:

Parkway Glen Hills

Other: _____

EL TEACHER WILL COMPLETE AFTER SCREENING

ELL File Opened: Yes No

EL Evaluator: _____ Today's Date: _____