



## HOME LANGUAGE QUESTIONNAIRE (HLQ)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School Entering: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Military Family: \_\_\_\_\_

No. of Years in Schools Outside the US: \_\_\_\_\_

**Dear Parent/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.***

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?  
 Does not read?             English       Other \_\_\_\_\_  
*Specify*
6. What language(s) does the student write?  
 Does not write?             English       Other \_\_\_\_\_  
*Specify*
7. What language(s) are spoken by the parent?       English       Other \_\_\_\_\_  
*Specify*
8. In your opinion, how well does the student understand, speak, read and write English?

	<u>Very Well</u>	<u>Only a Little</u>	<u>Not at All</u>
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**

\_\_\_\_\_  
**Date**