



School District of Lodi

Wisconsin Home Language Survey (HLS) Form

Today's Date: ___/___/___

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Grade: _____ DOB: ___/___/___

School Information

District: School District of Lodi

District ID: 3150

School: Four-Year-Old Kindergarten Early Learning Center (ECH-grade K) Primary Center (grades 1-2)
Intermediate Center (grades 3-5) Middle School (grades 6-8) High School (grades 9-12)

Parent/Guardian Information

First Name: _____ Last Name: _____ Relationship to Student: _____

First Name: _____ Last Name: _____ Relationship to Student: _____

Parent/Guardian Signature(s): _____

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 the 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: Completed by Parent/Guardian - Please check "Yes" or "No" for appropriate questions.

Part A: To be completed for each student you are enrolling.

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

Yes: Go to Question 2

No: Go to Part B, 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 Part B, Question 4

No: Student is not eligible for ELP Screening. **Home Language Survey is complete.** Return form with enrollment paperwork. District staff will complete Section 2.

Part B: Please continue below if needed.

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

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 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: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 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: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 6

6. When interacting with their 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: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 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: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 9

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

Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district. Name or District of School: _____

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

Section 2: Completed by Staff Member

HLS Result: **Screen / Do Not Screen** (check one) Language(s) other than English used by student, if identified: _____

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

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Oral: _____

Oral: _____

Written: _____

Written: _____

HLS administered by: _____, position Registrar OR Other District Staff