



West Valley Central School



5359 School Street
West Valley, NY 14171

Phone: (716) 942-3100

Fax: (716) 942-3440

www.wvalley.org

wvcentral@wvalley.org

Dr. Taweepon Farrar
Superintendent of Schools

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

HOUSING QUESTIONNAIRE

Name of LEA: _____ Daniel Amodeo _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____
 Female Month Day Year (preschool-12)
 Identified Gender: Male/Female

Parent(s)/Legal Guardian(s) Name: _____

Legal Address: _____

City: _____ NY Zip: _____

Telephone: _____

Are there other children in the household 0-18 y/o? Yes No
If yes, Ages: _____

Where is the student currently living? (Please check one box.)

- In a shelter
- In a hotel/motel
- In a car, park, bus, train or campsite
- With more than one family in a house or apartment
- With friends or family members (other than parent/guardian)
- None of the above

The student lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative, friend or other adult
- alone with no adults
- an adult who is not the parent or legal guardian

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date



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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 in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT / PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)	
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other <div style="text-align: right;"><i>specify</i></div>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other <div style="text-align: right;"><i>specify</i></div>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <div style="text-align: right;"><i>specify</i></div> <input type="checkbox"/> Guardian(s) <div style="text-align: right;"><i>specify</i></div>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other <div style="text-align: right;"><i>specify</i></div>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not speak <div style="text-align: right;"><i>specify</i></div>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not read <div style="text-align: right;"><i>specify</i></div>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not write <div style="text-align: right;"><i>specify</i></div>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:		STUDENT ID NUMBER IN NY'S STUDENT INFORMATION SYSTEM:
West Valley Central School	5359 School St. West Valley NY	
<i>District Name (Number) & School</i>	<i>Address</i>	

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ENGLISH

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

 *If yes, please

explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
 No Yes – Type of services received: _____

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school?

Month: Day: Year:

 Signature of Parent or of Person in Parental Relation

 Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL INTERVIEW:

MO DAY YR.

OUTCOME OF ADMINISTER NYSITELL
INDIVIDUAL ENGLISH PROFICIENT
INTERVIEW: REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL

PROFICIENCY LEVEL

ACHIEVED ON ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

ADMINISTRATION:

NYSITELL:

MO. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: