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.

Home Language Questionnaire (HLQ)

Please write clearly when completing this section.

STUDENT NAME:

First          Middle          Last

DATE OF BIRTH:          GENDER:

Month          Day          Year

☑ Male

☑ Female

PARENT/PERSN IN PARENTAL RELATN INFO:

Last Name          First Name          Relation to Student

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence?
   ☐ English          ☐ Other
   specify

2. What was the first language your child learned?
   ☐ English
   ☐ Other
   specify

3. What is the Home Language of each parent/guardian?
   ☐ Mother
   ☐ Father
   specify
   specify
   ☐ Guardian(s)
   specify

4. What language(s) does your child understand?
   ☐ English          ☐ Other
   specify

5. What language(s) does your child speak?
   ☐ English          ☐ Other
   ☐ Does not speak
   specify

6. What language(s) does your child read?
   ☐ English          ☐ Other
   ☐ Does not read
   specify

7. What language(s) does your child write?
   ☐ English          ☐ Other
   ☐ Does not write
   specify

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

SCHOOL DISTRICT INFORMATION:          STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School          Address
### 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  

   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? ____________________________

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**Signature of Parent or of Person in Parental Relation**

Month: Day: Year: Date

Relationship to student:  
   - Mother  
   - Father  
   - Other: ____________________________

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### OFFICIAL ENTRY ONLY - NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING HLQ

<table>
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<th>NAME:</th>
<th>POSITION:</th>
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IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

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

<table>
<thead>
<tr>
<th>NAME:</th>
<th>POSITION:</th>
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ORAL INTERVIEW NECESSARY:  
   - No  
   - Yes

**DATE OF INDIVIDUAL INTERVIEW:**  

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<th>MO</th>
<th>DAY</th>
<th>YR</th>
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OUTCOME OF INDIVIDUAL INTERVIEW:  
   - ADMINISTER NYSITELL  
   - ENGLISH PROFICIENT  
   - REFER TO LANGUAGE PROFICIENCY TEAM

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### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

<table>
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<th>NAME:</th>
<th>POSITION:</th>
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DATE OF NYSITELL ADMINISTRATION:  

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<th>YR</th>
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PROFICIENCY LEVEL ACHIEVED ON NYSITELL:  
   - ENTERING  
   - EMERGING  
   - TRANSITIONING  
   - EXPANDING  
   - COMMANDING

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