Dear Parent or Guardian,

The information requested on this form is necessary for the most appropriate school placement of your child, and will not be used for any other purposes. Thank you for your collaboration.

### Home Language Survey (HLS)

To be completed by Parent or Guardian

<table>
<thead>
<tr>
<th>Student Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Month</td>
</tr>
</tbody>
</table>

Parent or Guardian Relationship to student:

- [ ] Mother
- [ ] Father
- [ ] Other

### Language Background

(Please check all that apply)

1. **What is the primary language used in the home, regardless of the language spoken by the student?**
   - [ ] English
   - [ ] Other
   - Specify

2. **What is the language most often spoken by the student?**
   - [ ] English
   - [ ] Other
   - Specify

3. **What is the language that the student first acquired?**
   - [ ] English
   - [ ] Other
   - Specify

4. **What language(s) does your child understand?**
   - [ ] English
   - [ ] Other
   - Specify

5. **What language(s) does your child speak?**
   - [ ] English
   - [ ] Other
   - Specify
- [ ] Does not speak

6. **What language(s) does your child read?**
   - [ ] English
   - [ ] Other
   - Specify
- [ ] Does not read

7. **What language(s) does your child write?**
   - [ ] English
   - [ ] Other
   - Specify
- [ ] Does not write

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¹ Required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f))

² Families are not required to provide the place of birth, but providing the information can help LEAs to better prepare to be culturally responsive.
**Family Interview – Educational History**

1. 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

2a. Has your child ever been referred for a special education evaluation in the past?  
   - No  
   - Yes*
   *If referred for an evaluation, has your child been identified?  
   - No  
   - Yes*
   *If referred for an evaluation, and identified has your child ever received any special education services in the past?  
   - No  
   - Yes

2b. 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)

2c. Does your child have an Individualized Education Program (IEP), or 504 plan?  
   - No  
   - Yes

3. In which language do you prefer to receive oral communications from the school or district?  
   - English  
   - Other
   Specify

4. In which language do you prefer to receive written communications from the school or district?  
   - English  
   - Other
   Specify

5. Indicate date first enrolled in ANY U.S. school (mm/dd/yyyy)

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

Signature of Parent or Guardian  
_________________________  
Month:  Day:  Year:

Print Parent/Guardian Name

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS**

Name: __________________________  
Position: __________________________

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

**NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW**

Name: __________________________  
Position: __________________________

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

Oral Interview Necessary:  
   - YES  
   - NO

Date of Individual Interview:  
   Month  Day  Year

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT**

Name: __________________________  
Position: __________________________

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

**NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES**

Name: __________________________  
Position: __________________________

Date of Screener:  
   Month  Day  Year

Name of the Language Screening Assessment: __________________________  
Score achieved: __________________________

Proficiency Level Achieved:  
   Entering 1  
   Beginning 2  
   Developing 3  
   Expanding 4  
   Bridging 5  
   Reaching 6

FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED: