## Home Language Survey, HLS

### Candidate Information:

<table>
<thead>
<tr>
<th>Language</th>
<th>English</th>
<th>Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Language Proficiency:

<table>
<thead>
<tr>
<th>Language</th>
<th>English</th>
<th>Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Language Spoken at Home:

1. Language spoken at home: [ ] English [ ] Spanish ____________

2. Language spoken at home: [ ] English [ ] Spanish ____________

3. Language spoken at home: [ ] English [ ] Spanish ____________

4. Language spoken at home: [ ] English [ ] Spanish ____________

5. Language spoken at home: [ ] English [ ] Spanish ____________

6. Language spoken at home: [ ] English [ ] Spanish ____________

7. Language spoken at home: [ ] English [ ] Spanish ____________

---

1. [Rhode Island (R.I.G.L. § 16-54-2)](Rhode Island (R.I.G.L. § 16-54-2))
2. [R.I. Board of Education](R.I. Board of Education)
   - The Rhode Island Department of Elementary and Secondary Education
   - SHEPARD BUILDING
   - 255 WESTMINSTER STREET
   - PROVIDENCE, RHODE ISLAND 02903-3400
   - Mailing Address: PO BOX 1900
   - PROVIDENCE, RHODE ISLAND 02940-1900
   - Phone: (401) 222-4600
   - Fax: (401) 222-6178
   - TTY (800) 745-5555
   - TTY (800) 745-6575
   - Website: [www.ride.rigov](http://www.ride.rigov)

---

[1](Rhode Island (R.I.G.L. § 16-54-2))

[2](R.I. Board of Education)
### Proficiency Level Achieved

**Score achieved:**

- Entering 1
- Beginning 2
- Developing 3
- Expanding 4
- Bridging 5
- Reaching 6

### For Students with an IEP or 504 Plan

If any accommodations were administered, list them below:

- **Language Screener:** Achieved:
  - Oral Interview Necessary: Yes/No
  - Date of Individual Interview:
    - Month]
    - Day
    - Year

**Name/Position of Qualified Personnel Administering the Language Screening Assessment**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
</table>

**Name/Position of Qualified Personnel Reporting the Language Screening Scores**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
</table>

**Date of Screener:**

- Month
- Day
- Year

**Name of the Language Screening Assessment:**

- Score achieved:

---

**Official Entry Only - Name/Position of Personnel Administering HLS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
</table>

If an interpreter is provided, list name, position, and credentials:

**Name/Position of Qualified Personnel Reviewing HLS and Conducting Individual Interview**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
</table>

If an interpreter is provided, list name, position, and credentials:

**Oral Interview Necessary:** Yes/No

**Date of Individual Interview:**

- Month
- Day
- Year