

Deerfield Community School District

Home Language Survey (HLS)		
Student Name:	D.O.B.:	Grade:
Name of person completing the survey (print): _____		
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other : _____		

Purpose: To identify a need for language testing and/or supports for students developing the English language skills necessary for success in school. Parents may decline some or all of the language services if offered.

Answers will NOT be used for determining legal status or for immigration purposes.

Section 1

Yes No

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|--|--------------------------|--------------------------|---|
| 1. Was the first language used by this student English? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Go to Question 2 No: Go to Question 3 |
| 2. When at home, does this student hear or use a language other than English, more than half of the time? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Go to Question 4
No: Student is NOT eligible for ELP Screening. HLS Complete. Go to Section 2. |
| 3. When at home, does this student hear or use a language other than English more than half of the time? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Administer ELP screener. 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? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Administer ELP Screener. 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? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Administer ELP Screener. 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? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Administer ELP Screener. HLS is complete. Go to Section 2.
No: Go to Question 7. |
| 7. Is this student's a Native American, Native Alaskan, or Native Hawaiian? | <input type="checkbox"/> | <input type="checkbox"/> | 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? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Administer ELP Screener. 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? | <input type="checkbox"/> | <input type="checkbox"/> | Yes: Rescreen student if they meet DPI criteria OR carry ELP level over from previous district.
No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2. |

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Section 2

Language(s) other than English used by *student*: _____

Parental preference for language(s) used for school communication

Oral Language(s) (ie: conferences):

Written Language(s) (ie: progress/class information):

Signature of person completing the survey	Date
Staff Supporting Administration of HLS (if necessary)	Position

For Office Use Only

HLS indicates need for EL Teacher review (one or more "Other" boxes have been checked)	Student ID:	Date:	<input type="checkbox"/> Yes Forward copy and file original	<input type="checkbox"/> No File original
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For EL Staff Use Only

EL Teacher completed the following: (Cumulative + 2 or more must be completed)	<input type="checkbox"/> Cumulative File Review	<input type="checkbox"/> Student/Parent Interview	<input type="checkbox"/> Contacted previous school	<input type="checkbox"/> Discussion with teacher
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ELP screening process was initiated based on HLS result/review (attach copied HLS to EL Status Forms when screening is complete)	<input type="checkbox"/> Yes	<input type="checkbox"/> Parents were notified of screening	<input type="checkbox"/> No
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