

Angélica Infante-Green Commissioner

State of Rhode Island and Providence Plantations **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

Shepard Building 255 Westminster Street Providence, Rhode Island 02903-3400

Home Language Survey (HLS)

To be completed by Parent or Guardian

| | Dear Parent or Guardian, | Student Name: | | | | |
|----|---|--------------------------------|-----------------------------------|---------|-----------------------------------|--|
| | The information requested on this form is necessary for the most | First Middle L Date of Birth: | | Las | ast Place of Birth ² : | |
| | appropriate school placement of your child, and will not be used for | Month | Day Ye | ar | | |
| | any other purposes ¹ . Thank you for your collaboration. | Parent or Guard | ian Relationship ather 🔲 Other | | | |
| L | | Home Langua | ge Code: | | | |
| | L | anguage Bac | | | | |
| 1. | What is the primary language used in the home, regardless of the language spoke by the student? | | ☐ Other | | Constitu | |
| 2. | What is the language most often spoke by the student? | e n □ 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 | k? ☐ English | ☐ Other | Specify | 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 | e? | ☐ Other | Specify | ☐ Does not write | |

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. Last Updated: 4/30/2020

| Family | / Interview - Educational History | | | | | | |
|--|---|--|--|--|--|--|--|
| Family Interview – Educational History 1. Do you think your shild may have any difficulties or conditions that affect his or her ability to understand, small, read or write in | | | | | | | |
| 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 – Type of services received: | | | | | | | |
| 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 | English Other | | | | | | |
| communications from the school or district? | | Specify | | | | | |
| 4. In which language do you prefer to receive write | ten | | | | | | |
| communications from the school or district? | English Other | Specify | | | | | |
| 5. Indicate date first enrolled in ANY U.S. school | | эрсслуу | | | | | |
| | (mm/dd/yyyy) | | | | | | |
| Is there anything else you think is important for the | school to know about your child? (e.g., speci | al talents, health concerns, etc.) | | | | | |
| · | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Month: | Day: Year: | | | | | |
| Signature of Parent or Guardian | | Date | | | | | |
| Signature of Furent or Guardian | | Dute | | | | | |
| Print Parent/Guardian Name | | | | | | | |
| | | | | | | | |
| OFFICIAL ENTRY ONLY | / - NAME/POSITION OF PERSONNEL ADMIN | ISTERING HLS | | | | | |
| Name: | Position: | | | | | | |
| | | | | | | | |
| IF AN INTERPRETER IS PROVIDED, LIST NAME, POSIT | | | | | | | |
| NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW | | | | | | | |
| Name: | Position: | | | | | | |
| Name. | r osition. | | | | | | |
| 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 P | ERSONNEL ADMINISTERING THE LANGUAGE | SCREENING ASSESSIVIENT | | | | | |
| Name: | Position: | | | | | | |
| IF AN INTERPRETER IS PROVIDED, LIST NAME, POSIT | ION AND CREDENTIALS: | | | | | | |
| , | ED PERSONNEL REPORTING THE LANGUAGE | SCREENING SCORES | | | | | |
| | | | | | | | |
| Name: | Position: | | | | | | |
| | Name of the Language Servening | | | | | | |
| Date of Screener: | Name of the Language Screening Assessment: | Score achieved: | | | | | |
| Month Day Year Proficiency Level Achieved: Entering 1 / Beginn | | Score achieved / Bridging 5 Reaching 6 | | | | | |
| | | | | | | | |
| I FOR STUDENTS WITH AN IEP OR 504 PLAN. LIST AC | | | | | | | |
| | COMMODATIONS, IF ANY, ADMINISTERED: | | | | | | |