

Wisconsin Home Language Survey (HLS)

Student Information

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth (mm/dd/yyyy)
District: West Salem School District	District ID:	
Language(s) other than English used by student		

Parent/Guardian Information

First Name:	Last Name:	Relationship to Student:
First Name:	Last Name:	Relationship to Student:

Parental/Guardian preference for languages used for school communications (may be multiple):

Parent/Guardian Name: _____

Oral: _____

Written: _____

Parent/Guardian Name: _____

Oral: _____

Written: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date of Administration: ____ ____

Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

Please select "Yes" or "No"

1. Was the first language used by this student English?
☐ 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?
☐ Yes: If yes, what language: _____ Go to Question 4
☐ No: **HLS is complete.** 
3. When at home, does this student hear or use a language other than English more than half of the time?
☐ Yes: If yes, what language: _____ **HLS is complete.** 
☐ 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?
☐ Yes: If yes, what language: _____ **HLS is complete.** 
☐ 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?
☐ Yes: If yes, what language: _____ **HLS is complete.** 
☐ 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?
☐ Yes: If yes, what language: _____ **HLS is complete.** 
☐ No: Go to Question 7
7. Is this student a Native American, Native Alaskan, or Native Hawaiian?
☐ 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?
☐ Yes: If yes, what language: _____ **HLS is complete.** 
☐ No: **HLS is complete.** 

HLS Result: Screen/Do Not Screen (to be completed by office staff)