



The Wisconsin Home Language Survey

This survey is given to all students enrolling in Wisconsin Schools.

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 for 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 services offered to your child.

Student Information

Date:		
First Name:	Middle Initial:	Last Name:
School Name:	Grade:	Date of Birth (mm/dd/yyyy):
District:		District ID:
Language(s) Used by the student:		

Parent/Guardian Information:

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

Parental/Guardian Language Preferences Used for School Communication (may be multiple):

Parental/Guardian Name: _____
Oral: _____
Written: _____

Parental/Guardian Name: _____
Oral: _____
Written: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Section 1

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: Go to Question 4.
No: Student is not eligible for ELP Screening. HLS is 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?
Yes: Administer ELP screener. Record other language(s). 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?
Yes: Administer ELP Screener. Record other language(s). 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?
Yes: Administer ELP screener. Record other language(s). 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?
Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
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: Administer ELP screener. Record other language(s). 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?
*Yes: Rescreen the student if they meet the criteria for rescreening.
No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

**See EL Policy Handbook Chapter 2. Otherwise, student's ELP should be carried over from the sending district.*

Section 2

HLS Result: **Screen / Do Not Screen** (circle one)