

# Commissioner's Regulation 154

## Home Language Questionnaire (HLQ) and Individual Interview Guidance

March 1, 2016



## INTRODUCTION

In the fall of 2014, the Board of Regents adopted the New York State Education Commissioner of Education. The Commissioner's Regulation Part 154 (CR Part 154) establishes the legal requirements for the education of English Language Learners (ELLs) in New York State (NYS).

For additional information on CR Part 154, see  
<http://www.p12.nysed.gov/biling/bilinged/CRPart154.html>

## **Screening Home Language Questionnaire (HLQ)**

The HLQ is completed by the parent/guardian. Districts may include the HLQ in

## **Home Language Questionnaire (HLQ)**

The HLQ is a legal document, and the local educational agency (LEA) must ensure the information is clear and the document is filled out completely. It must be maintained in

If a parent/guardian needs assistance with completing the HLQ, qualified personnel should be available to assist.

# Language Background

that the child does not speak **any** language at all. If the child does not speak, this may be related to other factors that may be identified under questions 9, 10, or 11.

**6. What language(s) does your child read?**

The parent/guardian should indicate all languages that the student may read; as noted above, this may be more than two languages, and **all** languages the student can read

the child does not read in any language, which may be related to his or her age at enrollment or due to other factors (e.g., a disability or Student with Interrupted/Inconsistent Formal Education

**Questions 9 and 10 are for informational purposes and do not constitute the identification of a disability or require a referral for a special education evaluation.**

**9. 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.**

The parents/guardians may use this section to indicate their concern about ability to learn a language. For example, their child may have frequent ear infections that affect hearing or vision or eye-hand coordination problems that make it difficult for the child to read or write.

reasons for this choice. The information noted here is for informational purposes and does not constitute the identification of a disability or require a referral for a special education evaluation.

**10.a. Has your child ever been referred for a special education evaluation in the past?**

should be asked to complete the

Questions #10b and #10c and proceed to Question #11.

**b. If referred for an evaluation, has your child ever received any special education services in the past?**

specify the type(s) of services the student received or is currently receiving. In addition, the parents/guardians should indicate the age(s) when his or her child received special education services.

**c. Does your child have an Individualized Education Program (IEP)?**

If the response is yes, the Language Proficiency Team (LPT)<sup>2</sup> must be informed. Further guidance regarding referrals to and the responsibilities of LPTs will be released as it becomes available.

<sup>2</sup>The LPT is a committee that makes a recommendation regarding the initial assessment of ELL status for a student with a disability. The LPT is comprised of a school district administrator, a teacher or related service provider with a bilingual extension, and/or an ESOL teacher; the director of special education or

**11. Is there anything else you think is important for the school to know about your child?**

The parents/guardians should use this section of the HLQ to indicate any important information related to the student. The open-ended nature of the question will permit parents/guardians to specify information about special talents, health-related issues, family mobility, prior school performance, or if the student has had an inconsistent or interrupted education, etc.

NOTE: The response to this question may indicate if additional screenings (i.e., for giftedness, or a suspected disability pursuant to section 117.2 (a) and (b) of the Regulations of the Commissioner) may be warranted. In addition, any health-related or other concerns noted here should be shared with the appropriate school district personnel for follow-up purposes.

**12. In what language(s) would you like to receive information from the school?**

The parents/guardians should use this section of the HLQ to indicate the language(s) in which they want to receive information about program options, as well as all future correspondence from the school.

**New York State Home Language Questionnaire:  
Instructions for Sections Completed by School District Personnel**

The Home Language Questionnaire also requires information that must be completed by qualified school personnel (see page 3). The following instructions provide information about the role and responsibilities of the school district staff who are involved in the student enrollment and identification process.

**Page 1:**

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOLDISTRICTINFORMATION	STUDENTID NUMBER IN NYSSSTUDENT INFORMATION SYSTEM

Fill in the school district number; school name/number and address, if known; and provide the correct New York State Student Information System (NYSSIS) ID Number.



It is the responsibility of the school district in which the student enrolls to either (1)



**respond to interview questions with communicative competence<sup>3</sup> in English**), the NYSITELL must be administered. Check the appropriate box to so indicate.

Outcome 2: English Proficient

If the results of the Individual Interview indicate that **the student is proficient in English (i.e., responds to interview questions with communicative competence in English)**, he or she may be deemed **English Proficient (EP)**, and be placed in the general education program without the support of a Bilingual Education or English as a New Language (ENL) program. Check the appropriate box.

NOTE: If a student who will be entering kindergarten or first grade responds with communicative competence (see Appendix B) in English during the Individual Interview, the NYSITELL is **not required** and the student may be designated EP.

Outcome 3: Refer to Language Proficiency Team (LPT).

If the student has an IEP and the results of the HLQ and the Individual

**D**

## Appendix A

### The Individual Interview

The Individual Interview is part of the initial identification process. It is conducted in English or the student's home/primary language. This interview gives a preliminary assessment of the student's oral language proficiency in a language other than English. Such an interview is not a formal assessment of oral language proficiency. Standardized or formal assessment instruments should not be used during the Individual Interview process.

An Individual Interview must be conducted for each student in which the HLQ and other background information indicate that he or she may be an ELL. If there is no language other than English or of ASL identified at home and no history of use of languages other than English or of ASL in responses to questions 1 to 7, then, there is no need to conduct the Individual Interview.

The Individual Interview should be brief, but should provide sufficient feedback to make a preliminary assessment of the student's oral language proficiency.

**APPENDIX A**

New York State Education Department  
CR Part 154 ELL Identification Process  
Individual Interview Sample Questions

Grades K-1

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is your name?
2. How old are you?
3. Can you tell me about someone in your family?
4. What do you like to do with your friends?
5. What shows do you like to watch on TV?
6. What foods do you like? Why?
7. How is a dog different from a cat? How is a dog the same as a cat?
8. What is your favorite story? Can you tell me about it?
9. What would you do if you fell down and hurt your knee?







New York State Education Department  
CR Part 154 ELL Identification Process  
Individual Interview Sample Questions

Grades 9-12

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is your name?
2. Where do you live?
3. Tell me about a special person in your life.
4. What kind of stories do you like to read?
- 5.

## **Appendix B**

Responses for students entering different grades will be different and should be compared with responses that are age appropriate for native English speakers in the grade the student will be entering.

### **Definition of Communicative Competence**

Communicative competence can be described as the ability not only to apply the grammatical rules of a language in order to form grammatically correct sentences, but

## **Characteristics of Communicative Competence**

### **1. Linguistic competence**

