



KAUKAUNA AREA SCHOOL DISTRICT

Student First Name: _____ Student Middle Initial : _____
 Student Last Name: _____ Grade: _____ DOB: ___/___/_____
 District: _____ School: _____ District ID: _____
 Date of Administration: ___/___/_____

Parent/Guardian Information

First Name	Last Name	Relationship to Student

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

HLS administered by: _____, position _____.

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.

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. See EL Policy Handbook.
 Otherwise, student's ELP should be carried over from the sending district.
 No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

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

Languages other than English used by student, if identified: _____

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

Parent name: _____

Parent name: _____

Oral: _____

Oral: _____

Written: _____

Written: _____