

School District of New Lisbon

500 South Forest Street New Lisbon, WI 53950

Scott Hickey
District Administrator

Mark Stamper
7-12 Principal

Stephanie Moore
4K – 6 Principal

Ashley Baker
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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.

Student's First Name: _____ Middle Initial: _____ Last Name: _____

Grade: _____ DOB: ____/____/____ Date of Registration: ____/____/____

Parent/Guardian Information

First Name	Last Name	Relationship to Student

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: ELP screener is not needed. 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: ELP screener will be administered. 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: ELP screener will be administered. 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: ELP screener will be administered. 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: ELP screener will be administered. 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: ELP screener will be administered. 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: ELP screener will be administered, if needed. Otherwise, the student's ELP will be carried over from the sending district. HLS is complete.
 - No: ELP screener is not needed. HLS is complete. Go to **SECTION 2**.

SECTION 2

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

Preferences for languages used for school communications (may be multiple):

Parent/Guardian: _____

Parent/Guardian: _____

Oral: _____

Oral: _____

Written: _____

Written: _____

NOTE: Completed by School Personnel

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