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Charity Ramer Cormier School
Lori Roethlisberger Pioneer Elementary
Ray Nielsen Valley View School
Laurie Kershek Parkview Middle School
Francine Cook Ashwaubenon High



Administered by _____ Position in ASD _____ Date _____

Parent/Guardian signature _____

The Wisconsin HLS Form

Student Information

Student's Full Name _____

Grade _____ Birthdate _____

Parent/Guardian Information

First Name	Last Name	Relationship to Student	Preferred Language of Oral School Communication	Preferred Language of Written School Communication

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: Which language? _____

HLS is complete: connect with EL staff

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: Which language? _____

HLS is complete: connect with EL staff

No: HLS is complete.

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.