



Lisette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Njuajuju Asusu Ulo (HLO)

*Ezigbo Nne ma o bu Nna ma o bu Onye Nlekota:
Iji nye nwa gi agumakwukwo kachasi mma enwere ike, anyi ga-amata otu o si aghota, ekwu okwu, guo ihe ma dee ihe na Bekee, yanakwa akuko ya tupu akwukwo yana nke gbasara ya. Biko dejuputa ngalaba di n'okpuru akporo Okirikiri Asusu yana Ndekọ Agumakwukwo. Enyemaka gi na iza ajuju ndi a di oke mkpa. Daalu.*

Biko dee ihe nke oma mgbe i na edejuputa ngalaba a.		
AHA NWA AKWUKWO:		
Izizi	Etiti	Aha nna
UBOCHI OMUMU:		OKIKE:
Onwa	Ubochi	Afo
		<input type="checkbox"/> Nwoke <input type="checkbox"/> Nwanyị
NNE MA O BU NNA/MMADU DI N'OZI MMEKORITA NNE NA NNA:		
Aha Nna	Aha Izizi	Mmekorita yana Nwa akwukwo

HOME LANGUAGE CODE

Okirikiri Asusu

(Biko kaputara ihe niile emetutara.)

1. Kedu asusu (ndi) a na asu n'ulo ma o bu ebe obibi nke nwa akwukwo ahụ?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Ozo	_____ kowaa
2. Kedu ihe bu asusu izizi nwa gi mutara?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Ozo	_____ kowaa
3. Gini bu Asusu Ulo nke nna ma o bu nna/onye nlekota o bu la?	<input type="checkbox"/> Nne	<input type="checkbox"/> Nna	_____ kowaa _____ kowaa
	<input type="checkbox"/> Onye nlekota		_____ kowaa
4. Kedu asusu nwa gi na aghota?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Ozo	_____ kowaa
5. Kedu asusu nwa gi na asu?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Ozo	_____ kowaa <input type="checkbox"/> Anaghi asu asusu
6. Kedu asusu nwa gi na agu?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Ozo	_____ kowaa <input type="checkbox"/> Anaghi agu ihe
7. Kedu asusu nwa gi na ede?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Ozo	_____ kowaa <input type="checkbox"/> Anaghi ede ihe

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

Njụajụ Asụsụ Ụlọ (HLO) —Ibe Nke Abụọ

Ndekọ Agụmakwụkwọ
8. Gosiputa mgbakọ ọnuọgu afo nke nwa gị nọgoro n'ụlọ akwụkwọ _____
9. ! chere na nwa gị nwere ike inwe nhịahụ ma ọ bụ ọndụ na-emetuta ike ya ighota, kwuo okwu, guo ma ọ bụ dee na Bekee ma ọ bụ asụsụ ọzọ ọ bụla? Ọ bụrụ ee, biko kowaa ha. Ee* Mba Edochaghi anya <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *Ọ bụrụ ee, biko kowaa: _____ Kedu otu i ga-esi kowaa nhịahụ ndị a? <input type="checkbox"/> Obere <input type="checkbox"/> Ọ dị ike obere <input type="checkbox"/> Ọ dị ike nnukwu
10a. Arụta nwa gị maka nnyocha agụmakwụkwọ pụrụ iche n'oge gara aga? <input type="checkbox"/> Mba <input type="checkbox"/> Ee* *Biko dejuputa 10b n'okpuru
10b. *Ọ bụrụ na aruturu maka nnyocha, nwa gị enwetala ọrụ agụmakwụkwọ pụrụ iche ọ bụla n'oge gara aga? <input type="checkbox"/> Mba <input type="checkbox"/> Ee – Ụdị nke ọrụ enwetara: _____ Afo nke enwetara ọrụ ahụ (Biko kaputa ihe niile emetutara): <input type="checkbox"/> Ọmụmụ na afo 3 (Nkwuchibido Gboo) <input type="checkbox"/> afo 3 ruo 5 (Agụmakwụkwọ Pụrụ Iche) <input type="checkbox"/> afo 6 ma ọ bụ karịa (Agụmakwụkwọ Pụrụ Iche)
10c. Nwa gị enwere Mmemme Agụmakwụkwọ Maka Otu Onye (IEP)? <input type="checkbox"/> Mba <input type="checkbox"/> Ee
11. Enwere ihe ọ bụla ọzọ i chere dị mkpa maka ụlọ akwụkwọ ahụ i ma maka nwa gị? (e.g., onyinye pụrụ iche, ihe gbasara ahụike, wdg.) _____ _____
12. Kedu n'asụsụ (ndị) i ga-achọ inweta ozi si n'ụlọ akwụkwọ ahụ? _____

Mbinye Aka nke Nne ma ọ bụ Nna ma ọ bụ nke Onye nọ na Mmekorita Nne na Nna	Ọnwa:	Ụbọchi:	Afo:
Mmekorita yana nwa akwụkwọ: <input type="checkbox"/> Nne <input type="checkbox"/> Nna <input type="checkbox"/> Ọzọ:	Ụbọchi		

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ							
NAME: _____	POSITION: _____						
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:							
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW							
NAME: _____	POSITION: _____						
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes							
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="padding: 2px;"><input type="checkbox"/> ADMINISTER NYSITELL</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> ENGLISH PROFICIENT</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM</td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER NYSITELL		<input type="checkbox"/> ENGLISH PROFICIENT		<input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER NYSITELL						
	<input type="checkbox"/> ENGLISH PROFICIENT						
	<input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM						
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL							
NAME: _____	POSITION: _____						
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="padding: 2px;"><input type="checkbox"/> ENTERING</td> <td style="padding: 2px;"><input type="checkbox"/> EMERGING</td> <td style="padding: 2px;"><input type="checkbox"/> TRANSITIONING</td> <td style="padding: 2px;"><input type="checkbox"/> EXPANDING</td> <td style="padding: 2px;"><input type="checkbox"/> COMMANDING</td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<input type="checkbox"/> ENTERING	<input type="checkbox"/> EMERGING	<input type="checkbox"/> TRANSITIONING	<input type="checkbox"/> EXPANDING	<input type="checkbox"/> COMMANDING
PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<input type="checkbox"/> ENTERING	<input type="checkbox"/> EMERGING	<input type="checkbox"/> TRANSITIONING	<input type="checkbox"/> EXPANDING	<input type="checkbox"/> COMMANDING		
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: 							