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### Foomka Su'aaloo Afkii Aadaa (HLQ)

*Waalidka ama Masuulka Qaaliga eh: Si oo markaas ada an siida onogaa tacliinta an kafeyla oo suurtagalka eh, may an baahanaa inii una go'aansana sida fayle oo usu ama iyee an fahameen, anka hadalaan, an aqriyaan iyo an qoraan af Ingiriiska, saas camal sida iskoolka hora iyo taariigta gaarka eh. Walaalow buuy qeyboogun hoosa ee ka qoran Taariigta Afka iyo Taariigta Tacliinta. Kaalmadaa oo ku juwaabowka su'aaloogun eh eedaa anka mahadsanta.*

Walaalow si sax eh an qor markii ada buuyaasa qiibtun.		
MAGAAGA KUTAABKA:		
Koowaad	Lammaa	Anka dambooya
TAARIIGTA DHALASHADA:		MAGAL/BILAAN:
		<input type="checkbox"/> Magal
Bil	Maalan	Sannada
		<input type="checkbox"/> Bilaan
WAALIDKA/SHAQSIGA EE AQBAARTA HIRIIRKA WAALIDKA:		
Magaaga Abooga	Magaaga	Hiriirka Kutaabka sin ku dhaxeeya

HOME LANGUAGE CODE

#### Taariigta Afka

(Walaalow alaameey intii quseyta kulushoo.)

1. Afafkee lan ku hadalee wadanka kutaabka ama deegaanka?	<input type="checkbox"/> Ingiriis	<input type="checkbox"/> Wal kala	_____	sheeg
2. May haayi afka koowaad ee onogaa baradi?	<input type="checkbox"/> Ingiriis	<input type="checkbox"/> Wal kala	_____	sheeg
3. Mayu afka wadanka waalid/masuul kasta?	<input type="checkbox"/> Aada	_____	<input type="checkbox"/> Aawka	_____
	<input type="checkbox"/> Masuuloo	_____	_____	sheeg
4. Afafkee onogaa fahamee?	<input type="checkbox"/> Ingiriis	<input type="checkbox"/> Wal kala	_____	sheeg
5. Afafkee onogaa ka hadalee?	<input type="checkbox"/> Ingiriis	<input type="checkbox"/> Wal kala	_____	<input type="checkbox"/> Ma hadalow
			_____	sheeg
6. Afafkee onogaa aqriyee?	<input type="checkbox"/> Ingiriis	<input type="checkbox"/> Wal kala	_____	<input type="checkbox"/> Ma aqriyaw
			_____	sheeg
7. Afafkee onogaa qoree?	<input type="checkbox"/> Ingiriis	<input type="checkbox"/> Wal kale	_____	<input type="checkbox"/> Ma qorow
			_____	sheeg

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

## Foomka su'aaloo Afka Wadanka (HLQ)—Baalka Lamaad

Taariigta Tacliinta
8. Tilmaan tirada guud ee sannada ee onogaa dhikadaayi iskoolka _____
9. An maleeyaasee inii onogaa ka adkaati ama xaalada saameyti kartidiis ama kartidiyee oo laka fahamow, laka hadalow, laka aqriyow ama laka qorow af Ingiriis ama afka kale oo kasta? Haddii haa ete, walaalow fafaahi. <b>Haa*</b> <b>Maya</b> <b>Ma hubo</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *Haddii haa ete, walaalow nin fafaahi: _____
Sidee an adagta yaa an maleyti dhibaatooyinkun inii eyin? <input type="checkbox"/> Yaryin <input type="checkbox"/> Sidoowaa an daranyin <input type="checkbox"/> Eedaa an daranyin
10a. Onogaa horaa welisheey <b>lan wareejiyee</b> qiimeynta tacliinta gaarka eh ee mudadii laha dhaafi? <input type="checkbox"/> Maya <input type="checkbox"/> Haa* *Walaalow buuy 10b ee hoosa
10b. *Haddii wareejinta qiimeynta, onogaa welisheey horaa an <b>heleey</b> wal oo adeegyada tacliinta gaar eh ee mudadii laha dhaafi? <input type="checkbox"/> Maya <input type="checkbox"/> Haa – Nooca adeegaya ee yaa heli: _____
Sannadka oo usu heli (Walaalow alaameey intii quseyta kulushoo): <input type="checkbox"/> Dhalashada ilaa 3 sanno (Walqabadka Hora) <input type="checkbox"/> 3 ilaa 5 sanno (Tacliinta Gaarka eh) <input type="checkbox"/> 6 sanna ama ku wiin (Tacliinta Gaarka eh)
10c. Onogaa leyaa Barnaamijka Tacliinta Gaarka eh (IEP)? <input type="checkbox"/> Maya <input type="checkbox"/> Haa
11. Walkale jaree oo ada an maleyti inii muhiim an eyi inii iskoolka ku ogaada onogaa? (tusaala., xirfada gaar eh, caafimaadka quseeya, lwm.) _____ _____
12. Afafkee yaa fada fadi inii ada ka hela aqbaarta iskoolka? _____

\_\_\_\_\_ Bil: \_\_\_\_\_ Maalan: \_\_\_\_\_ Sannad: \_\_\_\_\_  
*Saxiixa Waalidka ama Qofla Xiriirka la leh Waalidka* *Taariigta*

Xiriirka kutaabka sin ku dhaxeeya:    Aada    Aawka    Wal kala:

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: _____ MO.   DAY   YR.	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: _____ MO.   DAY   YR.	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:	