



Lissette 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

Kajjitök kōn Kaj ilo Ṁweo (KKM)

*lakwe Mama, Papa, ak Ri-lale:
Bwe jen leḷok ekkatak eo emṀantata
ñan ajri eo nājūṀ, jej aikuḷ in peḷaak
joñan an meḷeḷe, kōnnaan, waak im
jeje ilo Kajin Pālle, im barāinwōt
bwebwenato eo an make im ilo jikuuḷ.
Jouḷ in kadedeḷok Ṁōttan ko iuṀwin
ḡaetan Bwebwenato kōn Kaj im
Bwebwenato kōn Jikuuḷ. Kōm ej kanooḷ
in kaṀṀool eok kōn aṀ jipañ ilo
uwaake kajjitök kein.
KoṀ emṀool.*

Jouḷ im kōjparok bwe en alikkar aṀ jeje nē kwōj kadedeḷok Ṁōttan in.		
ETAN RI-JIKUUḷ EO:		
Moktata	loḷap	Āliktata
RAAN IN ḶOTAK:		EMṀAAN AK KŌRĀ:
		<input type="checkbox"/> EmṀaan
		<input type="checkbox"/> Kōrā
Allōn	Raan	liō
MAMA AK PAPA/ARMEJ ME EJ PINEJ-JENKWAN MAMA AK PAPA:		
Etan Āliktata	Etan Moktata	Kadkadin ñan Ri-jikuuḷ

HOME LANGUAGE CODE

Bwebwenato kōn Kaj (Jouḷ im kakōḷḷeik aolep me ekkar.)

1. Etan kaj eo/ko me armej ej kōjberbal ilo Ṁweo ak jikin jokwe iṀñon ri-jikuuḷ eo?	<input type="checkbox"/> Kajin Pālle	<input type="checkbox"/> Bar juon	_____	<i>kōmmeḷeḷe</i>
2. Etan kaj eo me ajri eo nājūṀ ekar ekkatak moktata?	<input type="checkbox"/> Kajin Pālle	<input type="checkbox"/> Bar juon	_____	<i>kōmmeḷeḷe</i>
3. Etan kaj eo ilo iṀñon Mama, Papa/Ri-lale?	<input type="checkbox"/> Mama	_____	<input type="checkbox"/> Papa	_____
	<input type="checkbox"/> Ri-lale eo/ro	_____	_____	<i>kōmmeḷeḷe</i>
4. Etan kaj eo/ko me ajri eo nājūṀ ej meḷeḷe?	<input type="checkbox"/> Kajin Pālle	<input type="checkbox"/> Bar juon	_____	<i>kōmmeḷeḷe</i>
5. Etan kaj eo/ko me ajri eo nājūṀ ej kōnnaan?	<input type="checkbox"/> Kajin Pālle	<input type="checkbox"/> Bar juon	_____	<input type="checkbox"/> Ejjab kōnnaan
6. Etan kaj eo/ko me ajri eo nājūṀ ej waak?	<input type="checkbox"/> Kajin Pālle	<input type="checkbox"/> Bar juon	_____	<input type="checkbox"/> Ejjab waak
7. Etan kaj eo/ko me ajri eo nājūṀ ej jeje?	<input type="checkbox"/> Kajin Pālle	<input type="checkbox"/> Bar juon	_____	<input type="checkbox"/> Ejjab jeje

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

Kajitōk kōn Kaj ilo M̄weo (KKM)—Peej Ruo

Bwebwenato kōn Jikuuļ

8. Kowaļok woran iiō ko me ajri eo nājūm ekar kaddeļon̄ ilo jikuuļ _____

9. Kwōj ke ļōm̄nak ke nājūm enaaj bōlen loe apar̄ ak men ko me rej jelōte an maron̄ in meļeļe, kōnnaan, waak ak jeje ilo Kajin Palle ak jabdewōt kaj eo? Elan̄ñe aet, jouj im kōmmeļeļe.
 Aet* Jaab Jan̄in alikkar
 *Elan̄ñe aet, jouj im kōmmeļeļe: _____

Ewi jon̄an an pen apar̄ kein? Dik Jidik pen Kanooj in pen

10a. Emōj ke aer kar leļok etan (referred) nājūm n̄an juon watwat kōn jikuuļ ejenolok ilo kar iien ko? Jaab Aet* *Jouj im kadedeļok 10b iumwin

10b. *Elan̄ñe kar leļok etan n̄an juon watwat, emōj ke an nājūm bōk jabdewōt jikuuļ ejenolok ilo kar iien ko?
 Jaab Aet – Ekar bōk jipar̄ rot: _____

liō ko an ke ekar bōk jipar̄ ko (Jouj im kakōļleik aolep me ekkar):
 ʘotak n̄an 3 iiō (Mōkaj im Kabbōjrak) 3 n̄an 5 iiō (Jikuuļ Ejenolok) 6 iiō ak rūttoļok (Jikuuļ Ejenolok)

10c. Elōn̄ ke an nājūm Make Bürookraam̄ in Ekkatak (MBE) (Individualized Education Program (IEP))? Jaab Aet

11. Elōn̄ ke bar jabdewōt me kwōj ļōm̄nak eļap aorōk an jikuuļ eo jeļā kōn nājūm? (āinwōt, taļōn ko, inepata kōn ājmuur, āierļok wōt.)

12. Kwō kōḡaan in bōk meļeļe ko jān jikuuļ eo ilo kajin ia (kaj eo/ko)? _____

Allōn̄: Raan: İlō:

Jain eo an Jinen, Jemen ak Armej eo me Ej Pinej-Jenkwan Jinen ak Jemen Raan

Kadkadin n̄an ri-jikuuļ eo: Jinen Jemen Bar juon: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLO	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLO 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:	