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Ìbeèrè Èdè Ile (IEI)

Òbí tàbí Alagbàtò Nitootò:
Kí a le pese ojulowo èkọ fun omọ rẹ, a gbọdò mọ bí o ẹ̀ni òyè, isọrò, kíkà àti kíkọ Gẹ̀ẹ̀sì sí, àti ohun tí o mọ ẹ̀saju ilẹ̀-ẹ̀kọ àti itàn ara-ẹ̀ni. Jòwọ pari àwọn ipẹ̀le ìsalẹ̀ tí a pe àkọ̀lẹ̀ rẹ̀ ní Ìmọ̀yẹ̀ Èdè àti Itàn Èkọ̀. Ìrànwo rẹ̀ ní didahun àwọn ibeèrè yìí yòò ẹ̀ni ìrànwo gan an. O seun.

Jòwọ kòwẹ daradara bí o ba n pari ipẹ̀le yìí.		
ORUKỌ AKÈKỌỌ:		
Àkọ̀kọ	Aarin	Ìkẹ̀hìn
DEÈTÌ OJO ƆBI:		ƆMỌ AKỌ TAƆBI ABO:
		<input type="checkbox"/> Akọ
Oşu	Ojo	Ođun
		<input type="checkbox"/> Abo
OBI/ENI TI O WANI ƆWIFUN ƆBAŞEPỌ OBI:		
Orukọ Ìkẹ̀hìn	Orukọ Àkọ̀kọ	Ìbaşepọ̀ pẹ̀lu Akẹ̀kọ̀

HOME LANGUAGE CODE

Ìmọ̀yẹ̀ Èdè

(Jòwọ ẹ̀saju gbogbo èyí tí o kàn ọ.)

1. Àwọn èdè wo ní wọn nsọ ní ilẹ̀ tàbí Ìbùgbẹ̀ akẹ̀kọ̀ọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Òmiràn	_____	_____
			toka	
2. Èwo ní èdè àkọ̀kọ̀ tí omọ rẹ̀ kọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Òmiràn	_____	_____
			toka	
3. Èwo ní Èdè Ile tí àwọn òbí/alagbàtò kọkọ̀n?	<input type="checkbox"/> Ìya	_____	<input type="checkbox"/> Bàba	_____
		toka		toka
	<input type="checkbox"/> Alagbatò	_____	_____	_____
			toka	
4. Àwọn èdè wo ní omọ rẹ̀ loye?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Òmiràn	_____	_____
			toka	
5. Èdè wo ní omọ rẹ̀ nsọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Omiran	_____	<input type="checkbox"/> Kii sọ
			toka	
6. Èdè wo ní omọ rẹ̀ nka?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Omiran	_____	<input type="checkbox"/> Kii ka
			toka	
7. Èdè wo ní omọ rẹ̀ nkọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Omiran	_____	<input type="checkbox"/> Kii kọ
			toka	

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:

Ìbeere Èdè Ile (IEI) —Oju ewe Keji

Itàn Èkọ	
8. Tọka àpapọ iye ọdun ti ọmọ rẹ ti wa ni ile-ẹkọ _____	
9. Njẹ o lero pe ọmọ rẹ leni awọn idiwo tabi idojuko ti o tako ini oye, sisọ, kika tabi kikọ Gẹẹsi tabi ede miiran? Bi bẹẹni, jowo juwe won.	
Bẹẹni* <input type="checkbox"/> Rara <input type="checkbox"/> Ko daaju <input type="checkbox"/>	*Bi bẹẹni, jowo şalaye: _____
Bawo ni o se lero pe awọn idiwo yi le to? <input type="checkbox"/> Kereju <input type="checkbox"/> Le bakan an <input type="checkbox"/> Le gan an	
10a. Njẹ a ti <u>dari</u> ọmọ rẹ si ibi agbeyewo ẹkọ ọtọ ni atẹhinwa? <input type="checkbox"/> Rara <input type="checkbox"/> Bẹẹni* *Jowo pari 10b nisale	
10b. *Bi a ba dari fun agbeyewo, njẹ ọmọ rẹ ti gba awọn iṣe ẹkọ ọtọ ni atẹhinwa ri?	
<input type="checkbox"/> Rara <input type="checkbox"/> Bẹẹni – Irufe awọn iṣe ti o gba: _____	
Ojọ ori awọn iṣe ti a gba (Jowo şayewo gbogbo eyi to to):	
<input type="checkbox"/> Ibi ọdun 3 (Idasi Kiakia) <input type="checkbox"/> ọdun 3 si 5 (Èkọ Ọtọ) <input type="checkbox"/> ọdun 6 tabi ju bẹẹlo (Èkọ Ọtọ)	
10c. Njẹ ọmọ rẹ ni Eto Èkọ Eleni koṣkan (ÈÈÈK)? <input type="checkbox"/> Rara <input type="checkbox"/> Bẹẹni	
11. Njẹ o lero pe ohun pataki miiran kan wa ti o fe ki ile-ẹkọ mọ nipa ọmọ rẹ? (a.p., awọn ebun akanşe, awọn allera, a.b.b.l)	
12. Ni awọn ede wo ni wa fe lati gba iwifun lati ile-ẹkọ? _____	

Ibọwọlu Obi tabi Èni ti o wa ni Ibaṣepọ Obi	Oṣu: _____ Ojọ: _____ Oḍun: _____
Ibaṣepọ pelu akẹkọ: <input type="checkbox"/> Mama <input type="checkbox"/> Baba <input type="checkbox"/> Omiran:	

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: _____	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM	
MO. DAY YR.			
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL			
NAME: _____		POSITION: _____	
DATE OF NYSITELL ADMINISTRATION: _____	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	
MO. DAY YR.			
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:			