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Imibuzo Emayelana Nolimi Lwasekhaya (HLO)

Mzali noma Mqaphi Othandekayo: Ukuze sinikeza umtanakho imfundo engcono kakhulu kwekhona, kudingeka sazi ukuthi usiqonda, usikhuluma, usifunda futhi usibhala kangakanani isiNgisi, kanye nangaphambi kwesikole kanye nomlando wakhe. Sicela ugcwalise izingxenye ezingezansi ezinesihloko esithi Isizinda Solimi kanye Nomlando Ongokwemfundo. Silwazisa kakhulu usizo lwakho ekuphenduleni le mibuzo. Siyabonga.

Sicela ubhale ngokucacile uma ugcwalisa le ngxenye.

IGAMA LOMFUNDI:		
<i>Elokuqala</i>	<i>Eliphakathi</i>	<i>Isibongo</i>
USUKU LOKUZALWA:		UBULILI:
		<input type="checkbox"/> Owesilisa
<i>Inyanga</i>	<i>Usuku</i>	<i>Unyaka</i>
UKWAZISWA KOMZALI/KOMUNTU OHLOBENE NOMZALI:		
<i>Isibongo</i>	<i>Igama</i>	<i>Uhlobene Nomfundi</i>

HOME LANGUAGE CODE

Isizinda Solimi

(Sicela ufake uqhushi ezingxenyeni zonke ezifanele.)

1. Iziphi izilimi ezikhulunywa ekhaya lomfundi noma endaweni ahlala kuyo?	<input type="checkbox"/> IsiNgisi	<input type="checkbox"/> Olunye	_____
			<i>lubhale</i>
2. Iluphi ulimi ingane yakho eyalufunda kuqala?	<input type="checkbox"/> IsiNgisi	<input type="checkbox"/> Olunye	_____
			<i>lubhale</i>
3. Iluphi ulimi umzali/umqaphi ngamunye aluncela?	<input type="checkbox"/> UMama	<input type="checkbox"/> UBaba	_____
			<i>lubhale</i>
	<input type="checkbox"/> Umqaphi(aba)		_____
			<i>lubhale</i>
4. Iluphi ulimi(izi) ingane yakho elwaziyo?	<input type="checkbox"/> IsiNgisi	<input type="checkbox"/> Olunye	_____
			<i>lubhale</i>
5. Iluphi ulimi(izi) ingane yakho elukhulumayo?	<input type="checkbox"/> IsiNgisi	<input type="checkbox"/> Olunye	<input type="checkbox"/> Ayikhulumi

			<i>lubhale</i>
6. Iluphi ulimi(izi) ingane yakho elufundayo?	<input type="checkbox"/> IsiNgisi	<input type="checkbox"/> Olunye	<input type="checkbox"/> Ayikwazi ukufunda

			<i>lubhale</i>
7. Iluphi ulimi(izi) ingane yakho elubhalayo?	<input type="checkbox"/> IsiNgisi	<input type="checkbox"/> Olunye	<input type="checkbox"/> Ayikwazi ukubhala

			<i>lubhale</i>

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

Imibuzo Emayelana Nolimi Lwasekhaya (HLQ)—Ikhasi 2

Umlando Ongokwemfundo

8. Bonisa ingqikithi yeminyaka ingane yakho efunde ngayo esikoleni _____

9. Ucabanga ukuthi ingane yakho kungenzeka inobunzima noma inezimo eziphazamisa ikhono layo lokwazi, ukukhuluma, ukufunda noma ukubhala isiNgesi noma olunye nje ulimi? Uma kunjalo, sicela usichazele zona.
Yebo Cha Angiqiniseki*
 *Uma kunjalo, sicela uchaze: _____

Ucabanga ukuthi bukhulu kangakanani ubunzima? Buncane Bukhudlwana Bukhulu kakhulu

10a. Ingabe esikhathini esidlule ingane yakho yake yayiswa esikoleni semfundo ekhethekile ukuze iyohlolwa? Cha Yebo*
**Sicela ugcwalise u-10b ngezansi*

10b. *Uma yake yayohlolwa, ingabe ingane yakho yake yathola noma iziphi izinkonzo zemfundo ekhethekile esikhathini esidlule?
 Cha Yebo – Uhlobo lwezinkonzo eyazithola: _____

Ubudala eyathola kubo izinkonzo (Sicela ubonise zonke ezisebenzayo):
 Kusukela izalwa ize ibe neminyaka engu-3 (Ukungenela Isencane) Ineminyaka engu-3 kuya kwengu-5 (Imfundo Ekhethekile)
 Ineminyaka engu-6 noma ngaphezulu (Imfundo Ekhethekile)

10c. Ingabe ingane yakho inaso Isimiso Semfundo Ehlelelwe Yona (IEP)? Cha Yebo

11. Ingabe kukhona okunye ocabanga ukuthi kubalulekile ukuba isikole sikwazi ngengane yakho? (isib., amakhono akhethekile, izinkinga zempiilo, njll.)

12. Ungathanda ukukuthola ngaluphi ulimi(izi) ukwaziswa okuvela esikoleni? _____

Isignesha yoMzali noma Yomuntu Ohlobene noMzali

Inyanga: _____ Usuku: _____ Unyaka: _____
 Usuku

Uhlobene kanjani nomfundi: UMama UBaba Okunye:

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:	