



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

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Ona-tili haqida Savolnoma (HLO)

Hurmatli Ota-ona yoki Vasiy:
Farzandingiz oliy ta'lim olishi uchun uning Ingliz tilidan so'zlashuvini, tushunishini, o'qishini va yozishini aniqlashimiz lozim. Shuningdek farzandingizning avvalgi maktab va ta'lim-tarbiya to'g'risida ma'lumot olishimiz kerak. Itimos pastdagi Til Bilimi va Ta'lim-tarbiya bo'limlarini to'ldiring. Ushbu savollarga javob berishingiz muhim ahamiyatga ega bo'lib, sizning yordamingizni qidiraymiz.
Rahmat

Itimos ushbu bo'limni to'ldirganda aniq yozing.		
O'QUVCHINING ISMI:		

Ismi	Ikkinchi Ismi	Familiyasi
TU'GILGAN KUNI:		JINSI:
Oy	Kun	Yil
		<input type="checkbox"/> Erkak
		<input type="checkbox"/> Ayol
OTA-ONANING/YAQINDOSHNING MA'LUMOTLARI::		

Familiyasi	Ismi	O'quvchiga kim bo'lasiz

HOME LANGUAGE CODE

Til Bilimi

(Itimos mos kelgan katakchaga belgi qo'ying.)

1. O'quvchining uyida yoki turar joyida qaysi tilda (tillarda) gapirishadi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa _____ <i>aniq yozing</i>
2. Farzandingiz birinchi qaysi tilni o'rgandi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa _____ <i>aniq yozing</i>
3. Otasining, onasining yoki vasiyning ona-tili nima?	<input type="checkbox"/> Ona _____ <i>aniq yozing</i>	<input type="checkbox"/> Ota _____ <i>aniq yozing</i>
	<input type="checkbox"/> Vasiy(lar) _____ <i>aniq yozing</i>	
4. Farzandingiz qaysi tilni (tillarni) tushunadi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa _____ <i>aniq yozing</i>
5. Farzandingiz qaysi tilda(tillarda) so'zlaydi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa _____ <i>aniq yozing</i>
6. Farzandingiz qaysi tilda (tillarda) o'qiydi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa _____ <i>aniq yozing</i>
7. Farzandingiz qaysi tilda (tillarda) yozadi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa _____ <i>aniq yozing</i>
<input type="checkbox"/> Yoza olmaydi		

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

Ona tili haqida Savolnoma (HLQ)—Ikkinchi Bet

<i>Ta'lim-tarbiya</i>
8. Farzandingiz maktabga qabul qilingandan beri u necha yil davomida maktabga boradi _____
9. Sizning fikringiz bo'yicha, farzandingiz ingliz tilini o'rganishi uchun unga har qanday tushunish, so'zlash, o'qish yoki yozish qiyinchiliklari halaqat qiladimi? Agar ha, iltimos ularni tasvirlab bering. Ha* <input type="checkbox"/> Yo'q <input type="checkbox"/> Ishonchim Yo'q <input type="checkbox"/> *Agar ha, iltimos tununtiring: _____
Qiyinchiliklarning darajasi qanaqa deb o'ylaysiz? <input type="checkbox"/> Oz <input type="checkbox"/> Og'ir <input type="checkbox"/> Juda og'ir
10a. O'tmishda, farzandingiz biror marta "moslashtirilgan ta'limga" ega deb <u>aniqlandimi</u> ? <input type="checkbox"/> Yo'q <input type="checkbox"/> Ha* *Iltimos pastdagi 10bni to'ldiring
10b. * <u>Aqar u aniqlangan bo'lsa</u> , o'tmishda farzandingizga qaysi moslashtirilgan ta'lim (special education) xizmatlari <u>berildi</u> ? <input type="checkbox"/> Yo'q <input type="checkbox"/> Ha – qaysi xizmatlar berildi: _____
Xizmatlar nechi yoshidan boshlandi (Iltimos mos kelgan katakchalarga belgi qo'ying): <input type="checkbox"/> Tug'ilganidan 3 yoshigacha (Erta Yordam) <input type="checkbox"/> 3dan 5 yoshigacha (Moslashtirilgan Ta'lim) <input type="checkbox"/> 6 yoshidan yoki udan katta (Moslashtirilgan Ta'lim)
10c. Farzandingizning Shaxsiy Ta'lim Dasturi (IEP) bormi? <input type="checkbox"/> Yo'q <input type="checkbox"/> Ha
11. Biz farzandingiz to'g'risida boshqa muhim ma'lumotlarni bilishimiz kerakmi? (masalan, iste'dodi, sog'ligi haqida.) _____ _____ _____
12. Siz maktabdan yuborilgan ma'lumotlar qaysi tilda bo'lishini istaysiz? _____

_____ Oy: _____ Kun: _____ Yil: _____
Ota-onasining yoki yaqindoshning imzosi *Sana*

O'quvchiga kim bo'lasiz: Onasi Otasi Boshqa: _____

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>	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>	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:	