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## Takardar tambayar Yaren Gida

**Zuwa ga Mahaifi ko Mariki:**  
*Don samarwa da dan ka ilimi mai inganci, muna bukatar tantance yadda fahimtarsa a turanci ta ke da kuma yadda ya ke karantawa da rubuta shi, haka kuma da makarantar da ya yi a baya tare da tarihinsa. Cike sassan da ke kasa masu taken Shimfidar Yare da Tarihin Karatu. Muna matukar godiya da taimakawar da ka yi wajen amsa wadannan tambayoyi. Mun gode.*

### Yi kyakkyawan rubutu yayin da ka ke cike wannan sashen.

SUNAN DALIBI:		
Na farko	Na tsakiya	Na karshe
KWANAN WATAN HAIHUWA:		JINSI:
Wata	Rana	Shekara
		<input type="checkbox"/> Namiji
		<input type="checkbox"/> Mace
BAYANIN MAHAIFI/WANDA KE CIKIN DANGANTAKAR IYAYE:		
Sunan Karshe	Sunan Farko	Dangantaka da Dalibi

HOME LANGUAGE CODE

### Shimfidar Yare

(Yi alama ga wanda ya shafe ka.)

1. Da wane yare ake yin magana a gidan su dalibin?	<input type="checkbox"/> Turanci	<input type="checkbox"/> Wani daban _____ <i>fayyace</i>
2. Wanne yare dan ka ya fara koya?	<input type="checkbox"/> Turanci	<input type="checkbox"/> Wani daban _____ <i>fayyace</i>
3. Menene yaren gidan kowane mahaifi/mariki?	<input type="checkbox"/> Uwa _____ <i>fayyace</i>	<input type="checkbox"/> Uba _____ <i>fayyace</i>
	<input type="checkbox"/> Mariki _____ <i>fayyace</i>	
4. Wane yare dan ka ya ke iya fahimta?	<input type="checkbox"/> Turanci	<input type="checkbox"/> Wani daban _____ <i>fayyace</i>
5. Wane yare dan ka ya ke iya magana da shi?	<input type="checkbox"/> Turanci	<input type="checkbox"/> Wani daban _____ <i>fayyace</i>
		<input type="checkbox"/> Ba ya iya magana da shi
6. Wane yare dan ka ya ke iya karantawa?	<input type="checkbox"/> Turanci	<input type="checkbox"/> Wani daban _____ <i>fayyace</i>
		<input type="checkbox"/> Ba ya iya karantawa
7. Wane yare dan ka ya ke iya rubutawa?	<input type="checkbox"/> Turanci	<input type="checkbox"/> Wani daban _____ <i>fayyace</i>
		<input type="checkbox"/> Ba ya iya rubutawa

### 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:

## Takardar tambayar Yaren gida – Shafi Na biyu

Tarihin Karatu
8. Fadi yawan shekarun da dan ka ya yi a makaranta _____
9. Shin kana jin dan ka yana da wani irin hali ko yanayi da ke jawo masa matsalar fahimta, rubutu ko yin magana da Turanci ko kowane irin yare? Idan haka ne, yi bayanin su. <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <p><input type="checkbox"/> E*   <input type="checkbox"/> A'a   <input type="checkbox"/> Ba tabbas</p> </div> <p>*Idan haka ne, yi karin bayani: _____</p> </div>
A ganinka ya tsananin wadannan matsaloli yake? <input type="checkbox"/> Mai sauki <input type="checkbox"/> Mai tsanani <input type="checkbox"/> Mai matukar tsanani
10a. Shin an taba tura dan ka don <u>gwajin</u> shiga ajin ilimin musamman a baya? <input type="checkbox"/> A'a <input type="checkbox"/> E* *Cike 10b a kasa
10b. *Idan an tura shi gwajin, shin dan ka ya taba <u>samun</u> koyon kowane irin nau'in ilimin musamman a baya? <input type="checkbox"/> A'a <input type="checkbox"/> E – Nau'in koyarwar da ya samu: _____
Yana shekaru nawa ya sami koyarwar (Yi alama ga duk wanda ya shafe ka): <input type="checkbox"/> Haihuwa zuwa shekaru 3 (Kulawar Wuri) <input type="checkbox"/> Shekaru 3 zuwa 5 (Ilimin Musamman) <input type="checkbox"/> Shekaru 6 zuwa sama (Ilimin Musamman)
10c. Shin dan ka yana da wani Shirin Koyon karatun Mutum-daya? <input type="checkbox"/> A'a <input type="checkbox"/> E
11. Shin akwai wani abu kuma da ka ke ganin yana da kyau makaranta ta sani game da dan ka? (misali, hazaka ta musamman, rashin lafiya, dss.)
12. Cikin wane yare ka ke son samun bayanai daga makaranta? _____

Sa-hannun Mahaifi ko Wanda ke cikin Dangantakar Iyaye

Wata: \_\_\_\_\_ Rana: \_\_\_\_\_ Shekara: \_\_\_\_\_  
Kwanan wata

Dangantaka da dalibi:    Uwa    Uba    Wani daban:

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>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="border: none;"> <input type="checkbox"/> ADMINISTER NYSITELL  <input type="checkbox"/> ENGLISH PROFICIENT  <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM                 </td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
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NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL			
NAME: _____	POSITION: _____		
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO.   DAY   YR.</small>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="border: none;"> <input type="checkbox"/> ENTERING   <input type="checkbox"/> EMERGING   <input type="checkbox"/> TRANSITIONING   <input type="checkbox"/> EXPANDING   <input type="checkbox"/> COMMANDING                 </td> </tr> </table>	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
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FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:			