



**Office of Bilingual Education and World Languages**

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**Yami nder Wolde Wuro (Home Language Questionnaire - HLQ)**

*Sannu ma Danyoowo malla Kakkilanoowo:  
Ngam hokkuki biddo maada anndal burngal fuu, e min ngidi min tabbitina baawde maako malla paamol maako, wolwirki e jannguki Ingilisre, hawtaade janngirde maako arannde e taariha maako. Useni hebbitin kebe de'e inndiraade mbawka wolde e Taariha Jannde. A yettaama to a wallii masin a hebbitinii yamde de'e A yettaama*

<b>INNDE PUKARAAJO</b>		
<i>Aranndeere</i>	<i>Cakaare</i>	<i>Sakitiinde</i>
<b>NYANDE DANYEEDI</b>		<b>TAGDI</b>
		<input type="checkbox"/> Gorol
<i>Lewru</i>	<i>Nyalaande</i>	<i>Hitaande</i>
		<input type="checkbox"/> Dewol
<b>HABARU DANYOOWO/KAKKILANOOWO:</b>		
<i>Innde Sakitiinde</i>	<i>Innde Aranndeere</i>	<i>Banndiigu e Pukaraajo</i>

HOME LANGUAGE CODE

**Mbaawka Wolde**

*(Kusu maanda fuu ko haandi.)*

<b>1. Ndeye wolde malla bolle pukaraajo woldetee to wuro?</b>	<input type="checkbox"/> Ingilisre	<input type="checkbox"/> Wonnde	_____	<i>Wi'u</i>
<b>2. Wolde ndeye biddo maada arti waawuki?</b>	<input type="checkbox"/> Ingilisre	<input type="checkbox"/> Wonnde	_____	<i>Wi'u</i>
<b>3. Wolde ndeye woni nde danyoobe maako moye fuu?</b>	<input type="checkbox"/> Danyoowo 1	_____	<input type="checkbox"/> Danyoowo 2	_____
	<input type="checkbox"/> Kakkilanoowo(s)	_____	_____	<i>Wi'u</i>
<b>4. Wolde ndeye biya wolwata?</b>	<input type="checkbox"/> Ingilisre	<input type="checkbox"/> Wonnde	_____	<i>Wi'u</i>
<b>5. Bolle deye biya wolwata?</b>	<input type="checkbox"/> Ingilisre	<input type="checkbox"/> Wonnde	_____	<input type="checkbox"/> O waawataa
<b>6. Bolle deye biya janngirta?</b>	<input type="checkbox"/> Ingilisre	<input type="checkbox"/> Wonnde	_____	<input type="checkbox"/> O janngataa
<b>7. Bolle deye biya winndirta?</b>	<input type="checkbox"/> Ingilisre	<input type="checkbox"/> Wonnde	_____	<input type="checkbox"/> O winndataa

**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

## Yamde wolde wuro—Pabawol didabo

### Taariha Jannde

8. Hollu duudal duubi biya woni nder jangirde \_\_\_\_\_

9. A tammi biya e woodi cadeele malla bone kadooje-mo faamuki, wolwuki malla winnduki Ingilire malla wolde nanngunde fuu? To Ee, tinndin-de.

**Ee\***    **Aa'a**    **Mi tammaaki**  
            \* To ee, Useni laabbin: \_\_\_\_\_

Noye tammida cadeele den ngoni?     Pamarum     Sedfa Bano sedfa ni     E halli masin

10a. Biya maada e meedi. **Yerbeeki bannye** Janngirde be anndal musamman ko yabbii     Aa'a     Ee\*  
*\*kusu hebbitin 10b to les*

10b. **To e mo meedi yaareeki ngam o raartee** biya e meedi **jabuki** holliteeki ki musamman ko yabbii?

Aa'a     Ee – ko o hokka-dum no wayi: \_\_\_\_\_

E mo duubi noye o hebi *Useni suptu fuu ko haandi:*

- Danyeeke yaaki duubi 3 ( E mo kecco - Early Intervention)
- duubi 3 yaaki 5 (Anndal ngal musamman - Special Education)
- duubi 6 malla ko furi (Anndal ngal musamman - Special Education)

10c. Biya e don mari porogaram jangirde kanko tan (Individualized Education Program - IEP)?     Aa'a     Ee

11. Woodi kadin kimminiidum godfum dum haandi jangirde annda dow biya? (*misaalu, peeyol, njamu, ekn*)

12. Bolle deye ngidda nanana habaru maaje to jangirde? \_\_\_\_\_

Lewru:    Nyalaande:    Hitaande:

*Junngo danyoowo malla kakkilanoowo*

*Nyannde Lewru*

Banndiigu e pukaraajo:     Danyoowo     Goddo Woonde: \_\_\_\_\_

#### 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:     No     Yes

\*\*DATE OF INDIVIDUAL INTERVIEW:

Mo.    DAY    YR.

- OUTCOME OF INDIVIDUAL INTERVIEW:
- ADMINISTER NYSITELL
  - ENGLISH PROFICIENT
  - 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:

- ENTERING
- EMERGING
- TRANSITIONING
- EXPANDING
- COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: