



Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Kesyonè sou Lang Matènèl (Home Language Questionnaire - HLQ)

Chè Paran oswa Moun ki gen Relasyon Parantal:
Pou nou kapab bay pitit ou a pi bon edikasyon posib, se pou nou detèmine konpetans li nan konprann, pale, li ak ekri Angle, ansanm ak esperyans li nan lekòl ak istwa pèsonèl li. Tanpri, konplete seksyon ki pi ba yo ki gen tit "Esperyans Lengwistik ak Esperyans Edikasyonèl." Nou konte anpil sou èd w ap ba nou lè w reponn kesyon sa yo. Mèsi.

| | | |
|--|------------|--------------------------------|
| NON ÈLÈV LA: | | |
| | | |
| Non | Dezyèm Non | Siyati |
| DAT NESANS: | | SÈKS: |
| | | <input type="checkbox"/> Gason |
| Mwa | Jou | Ane |
| | | <input type="checkbox"/> Fi |
| ENFÔMASYON SOU PARAN / MOUN KI GEN RELASYON PARANTAL: | | |
| | | |
| Siyati | Non | Relasyon ou parapò ak elèv la |

HOME LANGUAGE CODE

| Esperyans Lengwistik (Tanpri tcheke tout sa ki apwopriye) | | | |
|---|--|------------------------------|--|
| 1. Ki lang yo pale lakay elèv la? | <input type="checkbox"/> Angle | <input type="checkbox"/> Lòt | _____ <small>resize</small> |
| 2. Ki premye lang pitit ou a te aprann pale? | <input type="checkbox"/> Angle | <input type="checkbox"/> Lòt | _____ <small>resize</small> |
| 3. Ki Lang Matènèl chak paran/responsab legal elèv la pale? | <input type="checkbox"/> Paran 1 | _____ <small>resize</small> | <input type="checkbox"/> Paran 2 _____ <small>resize</small> |
| | <input type="checkbox"/> Responsab Legal la (yo) | _____ <small>resize</small> | |
| 4. Ki lang pitit ou a konprann? | <input type="checkbox"/> Angle | <input type="checkbox"/> Lòt | _____ <small>resize</small> |
| 5. Ki lang pitit ou a pale? | <input type="checkbox"/> Angle | <input type="checkbox"/> Lòt | _____ <small>resize</small> <input type="checkbox"/> Pa pale |
| 6. Ki lang pitit ou a li? | <input type="checkbox"/> Angle | <input type="checkbox"/> Lòt | _____ <small>resize</small> <input type="checkbox"/> Pa li |
| 7. Ki lang pitit ou a ekri? | <input type="checkbox"/> Angle | <input type="checkbox"/> Lòt | _____ <small>resize</small> <input type="checkbox"/> Pa ekri |

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 |

Kesyonè sou Lang Matènèl (HLQ) — 2èm Paj

| Esperyans Edikasyonèl | |
|------------------------------|--|
| 8. | Endike konbyen ane antou pitit ou a te fè sou ban lekòl _____ |
| 9. | Èske w panse pitit ou a gen kèk pwoblèm ki ta anpeche l konprann, pale, li, oswa ekri angle oubyen lòt lang? Si wi, dekri yo. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Wi* Non Pa sèten</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> </div> <div style="width: 65%;"> <p>*Si wi, tanpri esplike: _____</p> <p>Se yon pwoblèm ki <input type="checkbox"/> minim <input type="checkbox"/> plizoumwèn grav <input type="checkbox"/> trè grav</p> </div> </div> |
| 10a. | Èske yo te janm <u>refere</u> pitit ou a pou l fè yon evalyasyon edikasyon espesyal? <input type="checkbox"/> Non <input type="checkbox"/> Wi* <i>*Tanpri konplete 10b ki anba a.</i> |
| 10b. | * <u>Si yo te refere pitit ou a pou l fè yon evalyasyon</u> , èske li te rive <u>jwenn</u> sèvis edikasyon espesyal nan tan pase yo? <input type="checkbox"/> Non <input type="checkbox"/> Wi – Kalite sèvis li te resevwa: _____ Laj elèv la lè li te jwenn sèvis sa a (<i>Tanpri tcheke tout sa ki apwopriye</i>): <input type="checkbox"/> Nesans a 3 an (Entèvansyon ki fèt bonè (Early Intervention)) <input type="checkbox"/> 3 an a 5 an (Edikasyon Espesyal) <input type="checkbox"/> 6 an oswa pi gran (Edikasyon Espesyal) |
| 10c. | Èske pitit ou a gen yon Plan Edikasyon Endividyèl (Individualized Education Program - IEP)? <input type="checkbox"/> Non <input type="checkbox"/> Wi |
| 11. | Èske gen lòt bagay enpòtan sou pitit ou a lekòl la ta dwe konnen? (<i>egzanp, talan espesyal, pwoblèm sante, elatriye...</i>) |
| 12. | Nan ki lang ou ta renmen lekòl la voye enfòmasyon ba ou? _____ |

_____ Mwa: Jou: Ane: _____
Siyati paran an oswa moun ki gen relasyon parantal la *Dat*

Relasyon w ak elèv la: Paran Lòt relasyon: _____

| 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: | |

