



**Office of Bilingual Education and World Languages**

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**Njajujụ Asụsụ Ụlọ (Home Language Questionnaire - HLQ)**

*Ezigbo Nne ma ọ bụ Nna ma ọ bụ Onye odi na-aka ime mkpebi agumakwukwo: lji nye nwa gi agumakwukwo kachasi mma enwere ike, anyi kwesiri ichoputa otu o ga-esi eme nke oma na ighota, na ikwu okwu, na-agu ma na-edede na Bekee, yanakwa tupu ulo akwukwo yana akuko nke gbasara ya. Biko dejuputa ngalaba di n'okpuru nke akporo Okirikiri Asusu yana Ndeko Agumakwukwo. Enyemaka gi na iza ajuju ndi a nwere nnukwu ekele. Daalu.*

<b>AHA NWA AKWUKWO:</b>		
Izizi	Etiti	Aha nna
<b>UBOCHI OMUMU:</b>		<b>OKIKE:</b>
		<input type="checkbox"/> Nwoke
Onwa	Ubochi	Afo
<b>NNE MA O BU NNA/IHE OMUMA ONYE ODI NA-AKA IME MKPEBI AGUMAKWUKWO:</b>		<input type="checkbox"/> Nwanyị
Aha Nna	Aha Izizi	Mmekorita yana Nwa akwukwo

HOME LANGUAGE CODE

**Okirikiri Asusu**

*(Biko kaputara ihe niile emetara.)*

1. Kedu asusu (ndi) a na asu n'ulo ma o bu ebe obibi nke nwa akwukwo ahụ?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Qzo	_____
			<i>kowaa</i>
2. Kedu ihe asusu izizi nwa gi mutara?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Qzo	_____
			<i>kowaa</i>
3. Gini bu Asusu Ulo nke nna ma o bu nna/onye nlekota o bu?	<input type="checkbox"/> Nne	_____	<input type="checkbox"/> Nna
		<i>kowaa</i>	_____
	<input type="checkbox"/> Onye nlekota	_____	<i>kowaa</i>
			<i>kowaa</i>
4. Kedu asusu nwa gi na aghota?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Qzo	_____
			<i>kowaa</i>
5. Kedu asusu nwa gi na asu?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Qzo	_____ <input type="checkbox"/> Anaghi asu asusu
			<i>kowaa</i>
6. Kedu asusu nwa gi na agu?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Qzo	_____ <input type="checkbox"/> Anaghi agu ihe
			<i>kowaa</i>
7. Kedu asusu nwa gi na ede?	<input type="checkbox"/> Bekee	<input type="checkbox"/> Qzo	_____ <input type="checkbox"/> Anaghi ede ihe
			<i>kowaa</i>

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
District Name (Number) & School	Address

## Njuajujụ Asụsụ Ụlọ (HLQ) — Ibe Nke Abụọ

### Ndekọ Agụmakwụkwọ

8. Gosiputa mgbakọ ọnụọgụ afọ nke nwa gị nọgoro n'ụlọ akwụkwọ \_\_\_\_\_

9. I chere na nwa gị nwere ike inwe nsogbu o bula ma o bu onodu na-emetuta ya ighota, kwuo okwu, guo ma o bu dee na Bekee ma o bu asusu ozo o bula? O buru ee, biko kowaa ha.  
**Ee\* Mba Edochaghi anya**  
   \*O buru ee, biko kowaa: \_\_\_\_\_

Kedu ka i chere na nsogbu ndi a siri sie ike  Obere  O di ike obere  O di ike nnukwu

10a. Arutula nwa gi maka nnyocha agumakwukwo puru iche n'oge gara aga?  Mba  Ee\* *\*Biko dejuputa 10b n'okpuru*

10b. **\*O buru na aruturu maka nnyocha, nwa gi enwetala** oru agumakwukwo puru iche o bula n'oge gara aga?  
 Mba  Ee – Udi nke oru enwetara: \_\_\_\_\_

Afo nke enwetara oru ahụ (Biko kaputa ihe niile emetutara):  
 Oge omumu ruo afo 3 (Nkwuchibido Gboo (Early Intervention))  afo 3 ruo 5 (Agumakwukwo Puru Iche)  
 afo 6 ma o bu karja (Agumakwukwo Puru Iche)

10c. Nwa gi enwere Mmemme Agumakwukwo Maka Otu Onye (Individualized Education Program - IEP)?  Mba  Ee

11. Enwere ihe o bula ozo i chere di mkpa ka ulo akwukwo ahụ mara banyere nwa gi? (e.g., onyinye puru iche, ihe gbasara ahuike, wdg.)

12. Kedu n'asusu (ndi) i ga-achọ inweta ozi si n'ulo akwukwo ahụ? \_\_\_\_\_

\_\_\_\_\_ Onwa: \_\_\_\_\_ Ụbọchi: \_\_\_\_\_ Afo: \_\_\_\_\_  
*Mbinye Aka nke Nne ma o bu Nna ma o bu nke Onye odi na-aka ime mkpebi agumakwukwo* *Ụbọchi*

Mmekorita yana nwa akwukwo:  Nne  Nna  Ozo: \_\_\_\_\_

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:	