



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

Ona-tili haqida Savolnoma (Home Language Questionnaire - HLQ)

Hurmatli Ota-ona yoki ota-onalik qarindoshchilikka ega inson:  
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

<b>O'QUVCHINING ISMI:</b>		
<i>Ismi</i>	<i>Ikkinchi Ismi</i>	<i>Familiyasi</i>
<b>TU'GILGAN KUNI:</b>		<b>JINSI:</b>
		<input type="checkbox"/> Erkak
<i>Oy</i>	<i>Kun</i>	<i>Yil</i>
		<input type="checkbox"/> Ayol
<b>OTA-ONANING/YAQINDOSHNING MA'LUMOTLARI:</b>		
<i>Familiyasi</i>	<i>Ismi</i>	<i>O'quvchiga kim bo'lasiz</i>

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'rgangan?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa	_____	<i>aniq yozing</i>
3. Ota-onasining yoki vasiyning ona-tili nima?	<input type="checkbox"/> Ota-ona 1	_____	<input type="checkbox"/> Ota-ona 2	_____
	<input type="checkbox"/> Vasiy(lar)	_____	_____	_____
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	_____	<input type="checkbox"/> Gapira olmaydi
6. Farzandingiz qaysi tilda (tillarda) o'qiydi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa	_____	<input type="checkbox"/> O'qi olmaydi
7. Farzandingiz qaysi tilda (tillarda) yozadi?	<input type="checkbox"/> Ingliz	<input type="checkbox"/> Boshqa	_____	<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-tarixi</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 halaqit qiladimi? Agar ha, iltimos, ularni tasvirlab bering.  <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <p><b>Ha*</b>   <b>Yo'q</b>   <b>Ishonchim Yo'q</b></p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p> </div> <div style="margin-left: 20px;"> <p>*Agar ha, iltimos tununtiring: _____</p> </div> </div> <p style="margin-top: 10px;">Qiyinchiliklarning darajasi qanaqa deb o'ylaysiz?   <input type="checkbox"/> Oz   <input type="checkbox"/> Og'ir   <input type="checkbox"/> Juda og'ir</p>
10a.	O'tmishda, farzandingiz biror marta "moslashtirilgan ta'limga" ega deb <u>aniqlanganmi</u> ? <input type="checkbox"/> Yo'q <input type="checkbox"/> Ha* <i>*Iltimos pastdagi 10bni to'ldiring</i>
10b.	*Agar u aniqlangan bo'lsa, o'tmishda farzandingizga qaysi moslashtirilgan ta'lim xizmatlari <u>berilgan</u> ? <input type="checkbox"/> Yo'q <input type="checkbox"/> Ha – qaysi xizmatlar berildi: _____  <p style="margin-top: 10px;"><b>Xizmatlar nechi yoshidan boshlandi</b> (Iltimos mos kelgan katakchalarga belgi qo'ying):  <input type="checkbox"/> Tug'ilganidan 3 yoshigacha (Erta Yordam (Early Intervention))   <input type="checkbox"/> 3 dan 5 yoshigacha (Moslashtirilgan Ta'lim (Special Education))  <input type="checkbox"/> 6 yoshidan yoki undan katta (Moslashtirilgan Ta'lim (Special Education))</p>
10c.	Farzandingizning Shaxsiy Ta'lim Dasturi (Individualized Education Program - 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.)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
12.	Siz maktabdan yuborilgan ma'lumotlar qaysi tilda bo'lishini istaysiz?

\_\_\_\_\_
Oy: \_\_\_\_\_
Kun: \_\_\_\_\_
Yil: \_\_\_\_\_

*Ota-onasining yoki ota-onalik qarindoshchilikka ega inson imzosi*
**Sana**

O'quvchiga kim bo'lasiz:    Ota-Ona    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 style="display: flex; justify-content: space-around; width: 100%;">Mo.   DAY   YR.</small>	<p>OUTCOME OF INDIVIDUAL INTERVIEW:</p> <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 style="display: flex; justify-content: space-around; width: 100%;">Mo.   DAY   YR.</small>	<p>PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</p> <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:	