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## Ìbeèrè Èdè Ile (IEI)

**Òbí tàbí Alagbàtò Nitootò:**  
Kí a le pese ojulowo èkọ fun omọ rẹ, a gbọdò mọ bí o ẹ̀ni òyè, isọrò, kíkà àti kíkọ Gẹ̀ẹ̀sì sí, àti ohun tí o mọ ẹ̀saju ilẹ̀-ẹ̀kọ àti itàn ara-ẹ̀ni. Jòwọ pari àwọn ipẹ̀lẹ̀ isalẹ̀ tí a pe àkọ̀lẹ̀ rẹ̀ ní Ìmọ̀yẹ̀ Èdè àti Itàn Èkọ̀. Ìrànwo rẹ̀ ní didahun àwọn ibeèrè yìí yòò ẹ̀ irànwo gan an. O seun.

Jòwọ kòwẹ daradara bí o ba n pari ipẹ̀lẹ̀ yìí.		
ORUKỌ AKÈKỌỌ:		
Àkọkọ	Aarin	Ìkẹhìn
DEẸTÌ OJO ƆBI:		ƆMỌ AKỌ TAƆBI ABO:
		<input type="checkbox"/> Akọ
Oşu	Ojo	Odu
		<input type="checkbox"/> Abo
OBI/ẸNI TI O WANI ƆWIFUN ƆBAŞEPỌ OBI:		
Orukọ Ìkẹhìn	Orukọ Àkọkọ	Ibaşepọ pẹlu Akẹkọọ

HOME LANGUAGE CODE

### Ìmọ̀yẹ̀ Èdè

(Jòwọ şàyewò gbogbo èyi tí o kàn ọ.)

1. Àwọn èdè wo ní wọn nsọ ní ilẹ̀ tàbí Ìbùgbẹ̀ akẹkọọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Òmiràn	_____	tọka
2. Èwo ní èdè àkọkọ tí omọ rẹ̀ kọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Òmiràn	_____	tọka
3. Èwo ní Èdè Ile tí àwọn obì/alagbàtò kọkọkan?	<input type="checkbox"/> Ìya	_____	<input type="checkbox"/> Bàba	_____
	<input type="checkbox"/> Alagbatọ	_____	_____	tọka
4. Àwọn èdè wo ní omọ rẹ̀ loye?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Òmiràn	_____	tọka
5. Èdè wo ní omọ rẹ̀ nsọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Omiran	_____	<input type="checkbox"/> Kii sọ
			_____	tọka
6. Èdè wo ní omọ rẹ̀ nka?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Omiran	_____	<input type="checkbox"/> Kii ka
			_____	tọka
7. Èdè wo ní omọ rẹ̀ nkọ?	<input type="checkbox"/> Gẹ̀ẹ̀sì	<input type="checkbox"/> Omiran	_____	<input type="checkbox"/> Kii kọ
			_____	tọka

#### 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:

# Ìbeere Èdè Ile (IEI) —Oju ewe Keji

Itàn Èkọ
8. Tọka àpapọ iye ọdun ti ọmọ rẹ ti wa ni ile-ẹkọ _____
9. Njẹ o lero pe ọmọ rẹ leni awọn idiwo tabi idojuko ti o tako ini oye, sisọ, kika tabi kikọ Gẹgẹsi tabi ede miiran? Bi bẹẹni, jowo juwe won. <b>Bẹẹni*</b> <b>Rara</b> <b>Ko daaju</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *Bi bẹẹni, jowo şalaye: _____
Bawo ni o se lero pe awọn idiwo yi le to? <input type="checkbox"/> Kereju <input type="checkbox"/> Le bakan an <input type="checkbox"/> Le gan an
10a. Njẹ a ti <u>dari</u> ọmọ rẹ si ibi agbeyewo ẹkọ ọtọ ni atẹhinwa? <input type="checkbox"/> Rara <input type="checkbox"/> Bẹẹni*   *Jowo pari 10b nisale
10b. *Bi a ba dari fun agbeyewo, njẹ ọmọ rẹ ti gba awọn işe ẹkọ ọtọ ni atẹhinwa ri? <input type="checkbox"/> Rara <input type="checkbox"/> Bẹẹni – Irufe awọn işe ti o gba: _____
Ọjọ ori awọn işe ti a gba (Jowo şayewo gbogbo eyi to to): <input type="checkbox"/> Ibi ọdun 3 (Idasi Kiakia) <input type="checkbox"/> ọdun 3 si 5 (Èkọ Ọtọ) <input type="checkbox"/> ọdun 6 tabi ju bẹẹlo (Èkọ Ọtọ)
10c. Njẹ ọmọ rẹ ni Eto Èkọ Eleni koọkan (EEEK)? <input type="checkbox"/> Rara <input type="checkbox"/> Bẹẹni
11. Njẹ o lero pe ohun pataki miiran kan wa ti o fe ki ile-ẹkọ mọ nipa ọmọ rẹ? (a.p., awọn ebun akanşe, awọn allera, a.b.b.l) _____ _____
12. Ni awọn ede wo ni wa fe lati gba iwifun lati ile-ẹkọ? _____

Oşu: \_\_\_\_\_ Ojọ: \_\_\_\_\_ Ođun: \_\_\_\_\_

Ibọwọlu Obi tabi Èni ti o wa ni Ibaşepọ Obi Ojọ

Ibaşepọ pelu akẹko:    Mama    Baba    Omiran:

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:	