



Office of Bilingual Education and World Languages

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Imibuzo Emayelana Nolimi Lwasekhaya (Home Language Questionnaire - HLQ)

Mzali noma Sihlobo Somzali Othandekayo: Ukuze sinikeza umtanakho imfundo engcono kakhulu kwekhona, kudingeka sazi ukuthi usiqonda, usikhuluma, usifunda futhi usibhala kangakanani isiNgesi, kanye nangaphambi kwesikole kanye nomlando wakhe. Sicela ugcwalise izingxenye ezingezansi ezinesihloko esithi Isizinda Solimi kanye Nomlando Ongokwemfundo. Silwazisa kakhulu usizo lwakho ekuphenduleni le mibuzo. Siyabonga.

IGAMA LOMFUNDI:		
<i>Elokuqala</i>	<i>Eliphakathi</i>	<i>Isibongo</i>
USUKU LOKUZALWA:		UBULILI:
<i>Inyanga</i>	<i>Usuku</i>	<i>Unyaka</i>
		<input type="checkbox"/> Owesilisa
		<input type="checkbox"/> Owesifazane
UKWAZISWA KOMZALI/KOMUNTU OHLOBENE NOMZALI:		
<i>Isibongo</i>	<i>Igama</i>	<i>Uhlobene Nomfundi</i>

HOME LANGUAGE CODE

Isizinda Solimi

(Sicela ufake uqhushi ezingxenye zonke ezifanele.)

1. Iziphi izilimi ezikhulunywa ekhaya lomfundi noma endaweni ahlala kuyo?	<input type="checkbox"/> IsiNgesi	<input type="checkbox"/> Olunye	_____
			<i>lubhale</i>
2. Iluphi ulimi ingane yakho eyalufunda kuqala?	<input type="checkbox"/> IsiNgesi	<input type="checkbox"/> Olunye	_____
			<i>lubhale</i>
3. Iluphi ulimi umzali/umqaphi ngamunye aluncela?	<input type="checkbox"/> Mzali 1	<input type="checkbox"/> Mzali 2	_____
			<i>lubhale</i>
	<input type="checkbox"/> Umqaphi(aba)		_____
			<i>lubhale</i>
4. Iluphi ulimi(izi) ingane yakho elwaziyo?	<input type="checkbox"/> IsiNgesi	<input type="checkbox"/> Olunye	_____
			<i>lubhale</i>
5. Iluphi ulimi(izi) ingane yakho elukhulumayo?	<input type="checkbox"/> IsiNgesi	<input type="checkbox"/> Olunye	<input type="checkbox"/> Ayikhulumi
			_____ <i>lubhale</i>
6. Iluphi ulimi(izi) ingane yakho elufundayo?	<input type="checkbox"/> IsiNgesi	<input type="checkbox"/> Olunye	<input type="checkbox"/> Ayikwazi ukufunda
			_____ <i>lubhale</i>
7. Iluphi ulimi(izi) ingane yakho elubhalayo?	<input type="checkbox"/> IsiNgesi	<input type="checkbox"/> Olunye	<input type="checkbox"/> Ayikwazi ukubhala
			_____ <i>lubhale</i>

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

Imibuzo Emayelana Nolimi Lwasekhaya (HLQ)—Ikhasi 2

Umlando Ongokwemfundo	
8.	Bonisa ingqikithi yeminyaka ingane yakho efunde ngayo esikoleni _____
9.	Ucabanga ukuthi ingane yakho kungenzeka inobunzima noma inezimo eziphazamisa ikhono layo lokwazi, ukukhuluma, ukufunda noma ukubhala isiNgisi noma olunye nje ulimi? Uma kunjalo, sicela usichazele zona. Yebo* Cha Angiqiniseki <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *Uma kunjalo, sicela uchaze: _____ Ucabanga ukuthi bukhulu kangakanani ubunzima? <input type="checkbox"/> Buncane <input type="checkbox"/> Bukhudlwana <input type="checkbox"/> Bukhulu kakhulu
10a.	Ingabe esikhathini esidlule ingane yakho yake <u>yayiswa</u> esikolweni semfundo ekhethekile ukuze iyohlolwa? <input type="checkbox"/> Cha <input type="checkbox"/> Yebo* <i>*Sicela ugcwalise u-10b ngezansi</i>
10b.	*Uma yake <u>yayohlolwa</u> , ingabe ingane yakho yake <u>yathola</u> noma iziphi izinkonzo zemfundo ekhethekile esikhathini esidlule? <input type="checkbox"/> Cha <input type="checkbox"/> Yebo – Uhlobo lwezinkonzo eyazithola: _____ Ubudala eyathola kubo izinkonzo (Sicela ubonise zonke ezisebenzayo): <input type="checkbox"/> Kusukela izalwa ize ibe neminyaka engu-3 (Ukungenela Isencane (Early Intervention)) <input type="checkbox"/> Ineminyaka engu-3 kuya kwengu-5 (Imfundo Ekhethekile) <input type="checkbox"/> Ineminyaka engu-6 noma ngaphezulu (Imfundo Ekhethekile)
10c.	Ingabe ingane yakho inaso Isimiso Semfundo Ehlelelwe Yona (Individualized Education Program - IEP)? <input type="checkbox"/> Cha <input type="checkbox"/> Yebo
11.	Ingabe kukhona okunye ocabanga ukuthi kubalulekile ukuba isikole sikwazi ngengane yakho? (<i>isib., amakhono akhethekile, izinkinga zempilo, njll.</i>) _____ _____
12.	Ungathanda ukukuthola ngaluphi ulimi(izi) ukwaziswa okuvela esikoleni? _____ _____

_____ Inyanga: Usuku: Unyaka: _____
Isignesha yoMzali noma Yomuntu Ohlobene noMzali **Usuku**

Uhlobene kanjani nomfundi: Umzali Okunye: _____

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="text-align: center;">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 style="text-align: center;">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:	

