

Depatman Edikasyon vil Nouyòk / The New York City Department of Education
Ankèt pou detèmine lang paran oswa gadyen legal pale lakay li / Parent/Guardian Home Language Identification Survey

Chè paran oswa gadyen legal,

Pou nou sa bay pitit ou a pi bon edikasyon posib, nou bezwen detèmine nan ki pwen li konprann, pale, li e ekri angle. Pou nou ka kontinye mete w okouran sa k ap pase nan lekòl la, nou ta renmen konnen tou lang ou ta pi pito nou itilize lè lekòl la bezwen voye ba w enfòmasyon enpòtan. N ap apresye èd ou anpil si w ta reponn kesyon nou pral poze piba yo.

Mèsi

SE PÈSONÈL LEKÒL LA OSWA MOUN K AP FÈ ENSKRIPSYON AN KI DWE RANPLI PATI FÒM SA A TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL		
District:	Date:	
School:	Name of Student:	
Grade:	Class:	Student ID No.:
Relationship of person providing information for survey (check one):		
Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
Other <input type="checkbox"/> (specify):		
If an interview is conducted, list interviewer's name and title or relationship.		
In what language?		
If an interpreter is provided, list name and position/relationship:		
Is the interpreter trained/qualified (e.g., bilingual teacher, Translation & Interpretation Unit staff)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Eligible for LAB-R testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Person determining LAB eligibility and signature:		
Lab Coordinator name and signature:		
OTEL ALPHA CODE:		
Program Placement: Transitional Bilingual Education <input type="checkbox"/> (Is this a transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> Dual Language <input type="checkbox"/> Freestanding ESL <input type="checkbox"/>		

SEKSYON 1. KALIFIKASYON POU PRAN EGZAMEN MODIFYE SOU KONESANS JENERAL NAN LANG ANGLE *ENGLISH LANGUAGE ASSESSMENT BATTERY-REVISED (LAB-R)* / PART 1. LAB-R ELIGIBILITY:

Enfòmasyon sa a pral detèmine si timoun lan kalifikye pou pran egzamen LAB-R la ann angle dapre ti kare ou tckebe (√) a. Si l ap itilize yon lòt lang, tanpri presize ann angle.

This information will establish eligibility for the English Language Assessment Battery-Revised (LAB-R). (√) box that applies. If another language is used, please specify in English.

1. Ki lang timoun lan konprann ? / What language does the child understand ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen/ Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/>
2. Ki lang timoun lan pale ? / What language does the child speak ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen / Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/>
3. Ki lang timoun lan li ? / What language does the child read ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen / Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/> Li pa li lang lan/ Does not read <input type="checkbox"/>
4. Ki lang timoun lan ekri ? / What language does the child write ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen / Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/> Li pa ekri lang lan / Does not write <input type="checkbox"/>
5. Ki lang moun nan kay timoun lan plis pale? What language is spoken in the child's home or residence most of the time ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen / Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/>
6. Ki lang timoun lan plis pale avèk paran l yo oswa gadyen legal li? In what language does the child speak with parents/guardians most of the time ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen / Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/>

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7. Ki lang timoun lan plis pale avèk frè, sè, oswa zanmi l yo? In what language does the child speak with brothers, sisters, or friends most of the time ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen / Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/>
8. Ki lang timoun lan plis pale avèk lòt manm nan fanmi an oswa avèk moun k ap okipe l la (pa egzanp <i>babysitters</i>)? In what language does the child speak with other relatives or caregivers (e.g., <i>babysitters</i>) most of the time ?
Angle / English <input type="checkbox"/> Kreyòl ayisyen / Haitian Creole <input type="checkbox"/> Yon lòt lang / Other <input type="checkbox"/>

SEKSYON 2. PLANIFIKASYON POU ANSEYMAN / PART 2. INSTRUCTIONAL PLANNING:

Nou pral itilize repons siplemantè sa yo pou planifye anseyman nou pral ofri pitit la. Mete repons kòrèk ann angle pou chak kesyon sila yo osijè pitit ou a.

Responses to these supplementary questions will be used for instructional planning. Enter the correct response in English for each of the following questions concerning your child.

1. Èske se premye fwa timoun lan nan yon lekòl Ozetazini? Is this the first time the child has attended a school in the United States?	<input type="checkbox"/> Wi / Yes <input type="checkbox"/> Non / No
Si w reponn Non / IF NO:	
Nan ki lekòl li te ye? Where did he/she go to school?	
Konbyen tan li ale nan lekòl la? How long did he/she attend school?	
Nan ki lang yo te anseye l? Which language was used for instruction?	
2. Èske timoun lan te ale lekòl nan yon lòt <u>peyi</u> ? Has the child attended school in <u>another country</u> ?	<input type="checkbox"/> Wi / Yes <input type="checkbox"/> Non / No
Si w reponn Wi / IF YES:	
Nan ki lekòl li te ale? Where did he/she go to school?	
Konbyen tan li ale nan lekòl la? How long did he/she attend school?	
Nan ki lang yo te anseye l nan lekòl la? Which language was used for instruction?	
3. Èske timoun lan janm fè anvan eksperyans travay angwoup anvan li kòmanse ale lekòl (pa egzanp, nan yon gadri oswa nan yon lekòl prematènèl)? Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)?	<input type="checkbox"/> Wi / Yes <input type="checkbox"/> Non / No
Si w reponn Wi : Ki lang yo te pale kote a? / IF YES: What language was used?	
4. Èske timoun lan itilize lòt mwayen pou kominike, tankou pale ak siy <i>American Sign Language</i> oswa lòt aparèy pou amelyore kominikasyon <i>Augmentative Communication Device</i> (pa egzanp <i>Communication Board-manual</i> , aparèy elektwonik pou kominike)? Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., <i>Communication Board-manual/electronic</i>)?	<input type="checkbox"/> Wi / Yes <input type="checkbox"/> Non / No
Si w reponn Wi : Ki mwayen li itilize? / IF YES: Which ones?	

PART 3. ENFÒMASYON PARAN / PART 3. PARENT INFORMATION:

Repons siplemantè sa yo pral pèmèt Depatman Edikasyon vil Nouyòk *New York City Department of Education* (NYCDOE) kominike avèk ou nan lang ou chwazi a. Tanpri repons ou yo ann angle.

Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice. Please write your responses in English.

1. Nan ki lang ou ta renmen lekòl la voye enfòmasyon ba w? In what language would you like to receive written information from the school?
2. Ki lang ou ta pi pito pale pou w kominike avèk pèsonèl lekòl la? In what language would you prefer to communicate orally with school staff?
Siyati paran / Parent Signature
Dat (Mwa/Jou/Ane) / Date