

Harry Lee Cole School Integrated Preschool

26 Middleton Road, Boxford, MA 01921

(978) 887-2856

March, 2009

Dear Parents:

If your child is a returning Cole School Preschool student, please follow the instructions in Section A to complete your child's registration for this fall.

If your child is a **NEW** Cole School Preschool student, please follow the instructions in Section B to complete your child's registration for this fall.

Section A: Existing Cole School Preschool students

- 1) Please provide a copy of your child's most recent physical exam and immunization records. His/her exam must have been completed within the last twelve months.

Please bring this information with you to the March Open House along with your September tuition payment. If you cannot attend, please drop it off by Weds., April 7, 2010 to the Main Office, c/o Debbie Connery.

Section B: NEW Cole School Preschool students

Please go to our website, www.boxfordschools.org.*

- 1) Click on *Harry Lee Cole School*
- 2) Click on *About Cole School*
- 3) Click on *2010 – 2011 Preschool Registration*
- 4) Please download and complete the following forms:**
 1. Health History Form
 2. Home Language Survey

In addition to the above forms, we will need:

3. An original copy of your child's birth certificate (this will be returned to you)
4. Verification of Boxford residency (property tax bill, utility bill, etc.)
5. A copy of your child's most recent physical exam** and immunization record.
This exam must have been completed within the last twelve months.

Please bring this information with you to the March Open House along with your September tuition payment. If you cannot attend, please drop it off by Weds., April 7, 2010 to the Main Office, c/o Debbie Connery.

If you have any questions, please feel free to contact the Preschool at (978) 887-2856, x103. Thank you!

*If you do not have access to the internet, please contact our Main Office and we will be happy to mail the necessary forms to you.

Student Health History
Harry Lee Cole School

26 Middleton Road, Boxford, MA 01921

978-887-2856

Dear Parents/Guardians:

Please complete this questionnaire to the best of your ability and return it with your registration materials. This information will be kept in your child's confidential school medical record. It will be very helpful to the school nurse and physician in understanding and safeguarding your child's health. Thank you.

Child's Name _____ Gender M F
Last First Middle Nickname

Street Address _____ Length of Residency in Boxford _____

Home Telephone # _____ Cell Phone # _____

Student's Date of Birth _____ City/State of Birth _____

Father's Name _____ Mother's Name _____

Birthplace _____ Birthplace _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Marital Status: Married Divorced Separated Re-married Single Widowed

Other children in the family: Birthdates

Others living in your home: (grandparents, au pairs, etc.)

Doctor _____ Address: _____ Phone: _____

Dentist _____ Address: _____ Phone: _____

Is your child currently being treated for an illness or condition of which the school should be aware? If so, please describe _____

Is your child presently taking any medication? If so, what _____
Why? _____

Will your child have to take this medication during school hours? No Yes _____

Do you consider your child's health to be: Good Fair Poor

Can your child participate fully in all school activities? Yes No Please describe limitations:

Does your child have any allergies? Food Animals Medications Insect/bee stings Dust/pollen Other
Please explain _____

Please check any conditions your child may have:

- Asthma Eczema Convulsions Hernia
- Heart disease Tires easily Strep throat Frequent headaches
- Dizziness or fainting spells More than 3-4 colds per year Frequent nosebleeds
- Painful joints Persistent coughing or wheezing Tonsils/adenoids removed
- Stomach aches or vomiting Problems with bowel movements Mobility problems
- Kidney disease or urinary frequency Other _____

If so, is the condition under the care or observation of a physician? No Yes

Doctor's Name/Address/Phone _____

Has your child had any of the following? If so, please describe.

Serious injuries _____ Serious illness _____

Accidents _____ High fevers (over 105°) _____

Surgeries/operations _____

- Eye problems (difficulty seeing, crossed eyes, frequently reddened or watery eyes)
- Wears glasses If so, Doctor's Name/Address/Phone _____
- Ear or hearing problems (frequent earaches, draining from ears, difficulty hearing)
- Tubes in his/her ears? If so, Doctor's Name/Address/Phone _____
- Braces and/or corrective shoes now or in the past?
- Any speech problems (stuttering, difficult to understand, delayed speech development)

At what age did your child combine words? _____

Is a language other than English spoken at home? No Yes Which language? _____

What hand preference does your child show? Right Left Ambidextrous

Does your child have any other specific illness or disability which might affect his/her school performance or experience? _____

Was this a normal, full-term pregnancy and delivery? Yes No _____

Birth weight _____ Length of labor _____ Child discharged from the hospital with you?

Yes No _____ Is your child adopted? No Yes From _____

At what age did your child: Walk _____ Talk _____ Toilet trained _____

How did your child develop compared to other children of the same age?

- Faster Slower About the same

Please check if your child has had any of the following experiences which might influence his/her social or physical development: Frequent change of residence Death in the family Accidents Fires

Other _____

Please check if you expect that your child may have any of the following problems when he/she begins school:

- Leaving home for the first time Getting along with a new adult
- Getting along with other children Dressing, eating, toileting independently

Has your child attended a nursery or preschool? For how long? _____ Name of school _____

Do you have any concerns about your child's general health, behavior or emotional well-being of which the

school should be aware? No Yes *(Please attach a separate sheet of paper)*

03/07

TRI-TOWN SCHOOL UNION
 (Topsfield, Middleton, Boxford)
OFFICE OF THE SUPERINTENDENT

28 Middleton Road
 Boxford, MA 01921

Tel (978) 887-0771
 Fax (978) 887-8042

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
 In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL	
DISTRICT	<i>Please print or type clearly</i>
SCHOOL	GRADE
STUDENT NAME	
DATE OF BIRTH	
Month:	Day: Year:
STUDENT IDENTIFICATION NUMBER	
COUNTRY OF BIRTH / ANCESTRY	
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.	
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION	
DETERMINATION:	
	<input type="checkbox"/> Possible LEP
	<input type="checkbox"/> English Proficient

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____
specify

 2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify

 3. What language(s) does the student understand? English Other _____
specify

 4. What language(s) does the student speak? English Other _____
specify

 5. What language(s) does the student read? English Other _____ Does Not Read
specify

 6. What language(s) does the student write? English Other _____ Does Not Write
specify

 7. In your opinion, how well does the student understand, speak, read and write English?
- | | <i>Very well</i> | <i>Only a little</i> | <i>Not at all</i> |
|---------------------|--------------------------|--------------------------|--------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Parent/Guardian/Other _____

Date _____

Month: Day: Year:

HLQ (2/00) 99-307 (M)

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Home Language questionnaire (HLQ) – Vietnamese
BẢNG THĂM-ĐỎ
NGÔN NGỮ DÙNG THƯỜNG NGÀY TRONG NHÀ – TIẾNG VIỆT

Thưa quý vị phụ huynh hoặc vị giám hộ:

Nhằm cung cấp cho con em quý vị một nền giáo dục tốt nhất có thể được, chúng tôi cần xác định xem con em quý vị hiểu được, nói được, đọc được, và viết được tiếng Anh tới mức nào. Chúng tôi không lấy gì làm quý hơn sự hỗ trợ quý vị bằng trả lời các câu hỏi kèm theo đây.

Xin cảm ơn quý vị.

NHÂN VIÊN NHÀ TRƯỞNG ĐIỂN HOÀN TẤT VÀO (To be completed by school personnel)		
KHU VỰC (District)		
TRƯỜNG HỌC (School)	LỚP (Grade)	
TÊN HỌC SINH (Student Name)		
NGÀY SINH (Date of Birth)		
THÁNG (Month)	NGÀY (Day)	NĂM (Year)
SỐ THẺ HỌC SINH: (Student Identification number)		
QUỐC GIA SINH TRƯỞNG (Country of Birth/Ancestry)		
SỐ NĂM THEO HỌC TẠI TRƯỜNG NGOÀI NƯỚC MỸ (Number of years enrolled in school outside the U.S.)		
TÊN VÀ CHỨC VỤ CỦA NHÂN VIÊN NHÀ TRƯỞNG HOÀN TẤT PHẦN NÀY (Name and position of school personnel completing this section)		
QUYẾT ĐỊNH (Determination)		
<input type="checkbox"/> ANH MẪN KHÔNG LƯU LOÁT (Possible LEP) <input type="checkbox"/> ANH MẪN LƯU LOÁT (English Proficient)		

Xin đánh dấu X cho câu trả lời nào áp dụng đối đương sự

- | | | |
|---|----------------------------------|--|
| 1. DÙNG NGÔN NGỮ NÀO TRONG GIA ĐÌNH? | <input type="checkbox"/> ANH NGỮ | <input type="checkbox"/> NGÔN NGỮ KHÁC _____
(Viết ra) |
| 2. CON EM QUÝ VỊ NÓI NGÔN NGỮ NÀO NHIỀU TRONG GIA ĐÌNH HAY NƠI CƯ NGỰ? | <input type="checkbox"/> ANH NGỮ | <input type="checkbox"/> NGÔN NGỮ KHÁC _____
(Viết ra) |
| 3. CON EM QUÝ VỊ HIỂU SINH NGỮ NÀO? | <input type="checkbox"/> ANH NGỮ | <input type="checkbox"/> NGÔN NGỮ KHÁC _____
(Viết ra) |
| 4. CON EM QUÝ VỊ NÓI SINH NGỮ NÀO? | <input type="checkbox"/> ANH NGỮ | <input type="checkbox"/> NGÔN NGỮ KHÁC _____
(Viết ra) |
| 5. CON EM QUÝ VỊ ĐỌC SINH NGỮ NÀO? | <input type="checkbox"/> ANH NGỮ | <input type="checkbox"/> NGÔN NGỮ KHÁC _____ <input type="checkbox"/> Không biết đọc
(Viết ra) |
| 6. CON EM QUÝ VỊ VIẾT SINH NGỮ NÀO? | <input type="checkbox"/> ANH NGỮ | <input type="checkbox"/> NGÔN NGỮ KHÁC _____ <input type="checkbox"/> Không biết viết
(Viết ra) |
| 7. THEO Ý KIẾN RIÊNG QUÝ VỊ CON EM QUÝ VỊ NÓI, ĐỌC VÀ VIẾT GIỚI ANH NGỮ Ở TRÌNH ĐỘ NÀO? | | |
| GIỚI NHẤT | CHỈ HIỂU MỘT ÍT | HOÀN TOÀN KHÔNG |
| HIỂU ĐƯỢC TIẾNG ANH | <input type="checkbox"/> | <input type="checkbox"/> |
| NÓI ĐƯỢC TIẾNG ANH | <input type="checkbox"/> | <input type="checkbox"/> |
| ĐỌC ĐƯỢC TIẾNG ANH | <input type="checkbox"/> | <input type="checkbox"/> |
| VIẾT ĐƯỢC TIẾNG ANH | <input type="checkbox"/> | <input type="checkbox"/> |

Cha mẹ và giám hộ ký (signature of Parents/Guardian/Other)

Tháng (Month) Ngày (Day) Năm (Year)

HLQ từ số

TRI-TOWN SCHOOL UNION
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Questionário sobre Língua na Residência

(Home Language Questionnaire – Portuguese)

<p><i>Prezado Pai / Mãe / Responsável:</i></p> <p><i>Para poder proporcionar a melhor educação para a sua criança, temos que determinar o grau de seu conhecimento de inglês quanto a fala, leitura e compreensão.</i></p> <p><i>Apreciamos muito a sua ajuda ao responder a estas perguntas.</i></p> <p style="text-align: right;"><i>Obrigado.</i></p>	<p>A SER PREENCHIDO PELA PESSOAL DA ESCOLA (TO BE COMPLETED BY SCHOOL PERSONNEL) DISTRICT <i>(Please print or type clearly)</i></p> <p>SCHOOL GRADE _____</p> <p>STUDENT NAME _____</p> <p>DATE OF BIRTH _____</p> <p>STUDENT IDENTIFICATION NUMBER _____</p> <p>COUNTRY OF BIRTH / ANCESTRY _____</p> <p>NUMBER OF YEARS ENROLLED IN _____</p> <p>SCHOOL OUTSIDE THE U.S. _____</p> <p>NAME/POSITION OF SCHOOL _____</p> <p>PERSONNEL COMPLETING THIS SECTION _____</p> <p>DETERMINATION: Possible LEP English Proficient</p>
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(Dados aplicáveis)

- | | | | |
|--|------------------|--------------------|--------------------|
| 1. Quais as línguas faladas na casa do estudante? | Inglês | Outra | |
| _____ | | | <i>especificar</i> |
| 2. Quais as línguas mais faladas na casa do estudante? | Inglês | Outra | |
| _____ | | | <i>especificar</i> |
| 3. Quais as línguas que o estudante entende? | Inglês | Outra | |
| _____ | | | <i>especificar</i> |
| 4. Quais as línguas que o estudante fala? | Inglês | Outra | |
| _____ | | | <i>especificar</i> |
| 5. Quais as línguas que o estudante lê? | Inglês | Outra _____ | Não lê |
| | | <i>especificar</i> | |
| 6. Quais as línguas que o estudante escreve?
escreve | Inglês | Outra _____ | Não |
| | | <i>especificar</i> | |
| 7. Na sua opinião, qual o grau de proficiência do estudante em compreender, falar, ler e escrever em inglês? | <u>Muito bem</u> | <u>Um pouco</u> | <u>Nada</u> |
| Entende Inglês
Fala Inglês
Lê Inglês
Escreve Inglês | | | |

Assinatura Pai / Mãe / Responsável _____

Data (Mês: Dia: Ano) _____

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Home Language Questionnaire (HLQ) - Urdu

گھریلو زبان کے متعلق سوالنامہ - اردو

جناب والدین!
آپ کے بچے / بچی کو بہتر تعلیم کا موقع فراہم کرنے کے لئے ہمیں یہ جانتا ضروری ہے کہ یہ بچہ یا بچی انگریزی زبان کو سمجھنے، بولنے، پڑھنے اور لکھنے پر کتنی مہارت رکھتا/رکھتی ہے۔ ان سوالات کے جوابات دینے میں آپ کے تعاون کا شکریہ۔

To be completed by school personnel اسکول کا ملازم پُر کرے			
District (District)		(Please print or type clearly) صفاش سے لکھیں	
School (School)		(Grade) گریڈ	
Student Name (Student Name) طالب علم کا نام			
Date of Birth (Date of Birth) تاریخ پیدائش		Month (Month) ماہ	Day (Day) دن
			Year (Year) سال
Student Identification Number (Student Identification Number) طالب علم کا شناختی نمبر			
Country of Birth/Ancestry (Country of Birth/Ancestry) ملک پیدائش / نسل			
(Number of Years Enrolled in School Outside the U.S.): علاقہ امریکہ اسکول میں بیرونی کے سال			
(Name/Position of School Personnel Completing This Section) اس حصے کو پُر کرنے والے اسکول کے ملازم کا نام / تعینہ			
(Determination) نتیجہ		<input type="checkbox"/> (Possible LEP) LEP درکار ہے	<input type="checkbox"/> (English Proficient) انگریزی پر عبور

(✓ boxes that apply) (متعلقہ باکس پر ✓ نشان لگائیں)

1. آپ کے گھر میں کونسی زبان بولی جاتی ہے؟	<input type="checkbox"/> انگریزی	<input type="checkbox"/> دیگر	<input type="checkbox"/> تفصیل بیان کریں
2. طالب علم کے ساتھ کس زبان میں زیادہ گفتگو کی جاتی ہے؟	<input type="checkbox"/> انگریزی	<input type="checkbox"/> دیگر	<input type="checkbox"/> تفصیل بیان کریں
3. طالب علم کونسی زبان سمجھتا ہے؟	<input type="checkbox"/> انگریزی	<input type="checkbox"/> دیگر	<input type="checkbox"/> تفصیل بیان کریں
4. طالب علم کونسی زبان بولتا ہے؟	<input type="checkbox"/> انگریزی	<input type="checkbox"/> دیگر	<input type="checkbox"/> تفصیل بیان کریں
5. طالب علم کونسی زبان پڑھتا ہے؟	<input type="checkbox"/> انگریزی	<input type="checkbox"/> کوئی زبان نہیں پڑھتا	<input type="checkbox"/> دیگر
6. طالب علم کونسی زبان لکھتا ہے؟	<input type="checkbox"/> انگریزی	<input type="checkbox"/> کوئی زبان نہیں لکھتا	<input type="checkbox"/> دیگر
7. آپ کے خیال میں طالب علم انگریزی زبان کتنی اچھی بولتا، پڑھتا، لکھتا اور سمجھتا ہے؟	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
بالکل نہیں درمیان میں			
انگریزی کی سمجھ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
انگریزی بولنا	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
انگریزی پڑھنا	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
انگریزی لکھنا	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Signature of Parent/Guardian/Other)
دستخط والدین / سرپرست

(Date) تاریخ (Month) ماہ (Day) دن (Year) سال

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Home Language Questionnaire (HLQ) – CHINESE

學生家中使用語言調查表

親愛的家長：

為了能使你的子女得到最適當的教育，我們需要評估他／她對英文的聽，說，讀，寫作能力。敬請協助回答下列各項。

謝謝

校方填寫 (TO BE COMPLETED BY SCHOOL PERSONNEL)	
學區 (District)	(請用正體字填寫清楚)
校名 (School)	年級 (Grade)
學生姓名 (Student Name)	
出生日期 (Date of Birth)	月 (Month) 日 (Day) 年 (Year)
學生號碼 (Student Identification Number)	
出生地或祖籍 (Country of Birth/Ancestry)	
美國境外受教育幾年 (Number of Years Enrolled in School Outside the U.S.A.)	
校方處理此項之人員姓名及頭銜 (Name/Position of School Personnel Completing This Section)	
決定 (Determination):	可能是 LEP (Possible LEP) 英文熟練者 (English Proficient)

請在相應的方框中劃勾

1. 你們家裡主要用那種語言交談？ 英語 _____ 其他語言 (請說明) _____
2. 你們在家中和你的子女交談時，主要用那種語言？ 英語 _____ 其他語言 (請說明) _____
3. 你的子女最瞭解 (聽懂) 那種語言？ 英語 _____ 其他語言 (請說明) _____
4. 你的子女用那種語言交談？ 英語 _____ 其他語言 (請說明) _____
5. 你的子女用那種語言閱讀？ 英語 _____ 其他語言 (請說明) 不讀
6. 你的子女用那種語言寫作？ 英語 _____ 其他語言 (請說明) 不寫
7. 你認為你的子女對英文的瞭解，交談，閱讀，寫作能力達到什麼程度？

	非常好	不多	全部不會
瞭解能力	_____	_____	_____
交談能力	_____	_____	_____
閱讀能力	_____	_____	_____
寫作能力	_____	_____	_____

家長簽名：_____ (Signature of Parent/Guardian/Other)

日期：月 _____ 日 _____ 年 _____ (date) (Month) (Day) (Year)

HLQ 12/99

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Home Language Questionnaire(HLQ) - KOREAN
가정 언어 설문지

귀하의 학부모 또는 보호자님께
귀하의 자녀에게 가장 적절한 교육
을 제공하기 위해, 학생이 영어를
얼마나 잘 이해하고, 말하고, 읽고,
쓰는지를 알아야 할 필요가 있습니
다.
이 설문지 작성에 협조해 주시면
감사하겠습니다.

감사합니다.

교직원작성란(To be completed by school personnel)			
학군(District)		(정자기입)	
학교(School)		학년(Grade)	
학생이름(Student Name)			
생년월일(Date of Birth)			
월(Month)		일(Day)	년(Year)
학생고유번호(Student Identification Number)			
출생국/모국(Country of Birth/Ancestry)			
미국 외에서 교육받은 횟수(Number of years enrolled in school outside the U.S.)			
작성자의 이름과 직위(Name/Position of School Personnel Completing This Section)			
판정(Determination)		<input type="checkbox"/> LEP 가능성(Possible LEP) <input type="checkbox"/> 영어능숙(English Proficient)	

(해당사항에 √로 하시오)

1. 학생의 가정에서 사용하는 언어(들)은 무엇입니까? 영어 기타 _____
구체적으로 기입하십시오
2. 가정에서 학생에게 말할 때 주로 사용하는 언어(들)은 무엇입니까? 영어 기타 _____
구체적으로 기입하십시오
3. 학생이 듣고 이해하는 언어(들)은 무엇입니까? 영어 기타 _____
구체적으로 기입하십시오
4. 학생이 말할 때 사용하는 언어(들)은 무엇입니까? 영어 기타 _____
구체적으로 기입하십시오
5. 학생이 읽을 줄 아는 언어(들)은 무엇입니까? 영어 기타 _____ 읽지 못함
구체적으로 기입하십시오
6. 학생이 쓸 때 사용하는 언어(들)은 무엇입니까? 영어 기타 _____ 쓰지 못함
구체적으로 기입하십시오
7. 귀하의 의견으로는 학생이 영어를 얼마나 잘 이해하고, 말하고, 읽고, 쓴다고 생각하십니까?

	아주잘함	조금함	전혀못함
영어로 듣고 이해하기	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
영어로 말하기	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
영어로 읽기	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
영어로 쓰기	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

부모 또는 보호자의 서명(Signature of Parent/Guardian/Other)

날짜(Date) 월(Month) 일(Day) 년(Year)

TRI-TOWN SCHOOL UNION
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OFFICE OF THE SUPERINTENDENT

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Home Language Questionnaire (HLQ) - POLISH
Kwestionariusz języka ojczystego

Drodzy Rodzice lub opiekunowie,

Chcąc umożliwić dziecku jak najlepsze wykształcenie, musimy dowiedzieć się jak dobrze ono rozumie, mówi, czyta i pisze po angielsku. Udzielenie odpowiedzi na poniższe pytania będzie dla nas bardzo pomocne.

Dziękujemy

Do wypełnienia przez personel szkoły (To be completed by school personnel)	
PROSZĘ WYPEŁNIĆ CZYTELNIIE (Please print or type clearly)	
REJON (District) _____	
SZKOŁA (School) _____	KLASA (Grade) _____
NAZWISKO UCZNIA (Student name) _____	
DATA URODZENIA (Date of birth)	
MIESIAC (Month): _____	DZIEŃ (Day): _____ ROK (Year): _____
NUMER IDENTYFIKACYJNY STUDENTA (Student Identification Number) _____	
KRAJ RODZINNY (Country of Birth/Ancestry) _____	
ILOŚĆ LAT NAUKI W SZKOLE POZA USA (Number of Years Enrolled in School Outside the US) _____	
NAZWISKO I STANOWISKO PRACOWNIKA SZKOŁY WYPEŁNIAJĄCEGO TĘ CZĘŚĆ (Name/Position of School Personnel Completing this Section) _____	
OKREŚLENIE (Determination):	<input type="checkbox"/> OGRANICZONY ANGIELSKI (Possible LEP) <input type="checkbox"/> SWOBODNY ANGIELSKI (English Proficient)

(T proszę wypełnić)

- | | | |
|---|------------------------------------|--|
| 1. Języki którymi uczeń posługuje się w domu. | <input type="checkbox"/> Angielski | <input type="checkbox"/> Inne _____ |
| 2. W jakich językach najczęściej rozmawia się w domu? | <input type="checkbox"/> Angielski | <input type="checkbox"/> Inne _____ |
| 3. Które języki uczeń rozumie? | <input type="checkbox"/> Angielski | <input type="checkbox"/> Inne _____ |
| 4. Jakimi językami uczeń mówi? | <input type="checkbox"/> Angielski | <input type="checkbox"/> Inne _____ |
| 5. W jakich językach uczeń czyta? | <input type="checkbox"/> Angielski | <input type="checkbox"/> Inne _____ <input type="checkbox"/> Nie czyta |
| 6. W jakich językach uczeń pisze? | <input type="checkbox"/> Angielski | <input type="checkbox"/> Inne _____ <input type="checkbox"/> Nie pisze |
| 7. W waszej opinii, jak dobrze uczeń rozumie, mówi, czyta i pisze po angielsku? | | |

	<i>Bardzo dobrze</i>	<i>Dobrze</i>	<i>Wcale</i>
Rozumie po angielsku	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mówi po angielsku	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Czyta po angielsku	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pisze po angielsku	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Podpis rodziców lub opiekunów
(Signature of Parent/Guardian/Other)

Data (Date) _____
miesiąc dzień rok

HLQ 12/99

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Университет штата Нью-Йорк • Отдел образования штата • Программа
двуязычного образования
Олбани, Нью-Йорк 12234

Home Language Questionnaire (HLQ) – RUSSIAN
Анкета о языке

Уважаемый родитель или опекун:

*Для того чтобы предоставить
вашему ребёнку как можно
лучшее образование, нам нужно
определить как хорошо он или
она понимает, говорит, читает
и пишет по английски.
Благодарим за вашу помощь в
ответах на эти вопросы.*

Спасибо

To be completed by school personnel
(Заполняется школьным представителем)

РАЙОН (District) _____

ШКОЛА (School) _____ КЛАСС (Grade) _____

ИМЯ СТУДЕНТА (Student Name) _____

ДАТА РОЖДЕНИЯ (Date of Birth) _____
Месяц (Month): _____ Число (Day): _____ Год (Year): _____

СТУДЕНЧЕСКИЙ НОМЕР (Student Identification Number) _____

СТРАНА РОЖДЕНИЯ/ПРОИСХОЖДЕНИЕ (Country of Birth/Ancestry) _____

КОЛИЧЕСТВО ЛЕТ ПРОВЕДШИХ В ШКОЛЕ ЗА ПРЕДЕЛАМИ СОЕДИНЁННЫХ ШТАТОВ (Number of Years Enrolled in School Outside the U.S.) _____

ИМЯ/ДОЛЖНОСТЬ ПРЕДСТАВИТЕЛЯ ЗАПОЛНЯЮЩЕГО ЭТУ СЕКЦИЮ (Name/Position of Personnel Completing This Section) _____

ОПРЕДЕЛЕНИЕ (Determination): _____
Ограниченный английский (Possible LEP)
Свободный английский (English Proficient)

(✓ соответствующие клеточки)

1. На каком языке(ах) говорят у студента дома или по месту его проживания? Английский Другой _____
укажите
2. На каком языке(ах) больше всего разговаривают со студентом дома или по месту его проживания? Английский Другой _____
укажите
3. Какой язык(и) студент понимает? Английский Другой _____
укажите
4. На каком языке(ах) студент разговаривает? Английский Другой _____
укажите
5. На каком языке(ах) студент читает? Английский Другой _____ Не читает
укажите
6. На каком языке(ах) студент пишет? Английский Другой _____ Не пишет
укажите
7. По вашему мнению, как хорошо студент понимает, говорит, читает и пишет по английски?
Свободно На среднем уровне Совсем не владеет языком

Понимает по английски	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Говорит по английски	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Читает по английски	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Пишет по английски	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Месяц (Month): _____ Число (Day): _____ Год (Year): _____

Подпись родителя/Опекуна/Других (Signature of Parent/ Guardian/Other)

Дата (Date)

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CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR
("Home Language Questionnaire, HLQ") - Spanish

Estimado Padre/Madre o Guardián:
Para poder ofrecer a su hijo(a) la mejor educación posible, necesitamos determinar cuán efectivamente él o ella entiende, habla, lee y escribe el idioma inglés. Su ayuda será apreciada si contesta estas preguntas.

Gracias.

PARA SER COMPLETADO POR EL PERSONAL ESCOLAR
(TO BE COMPLETED BY SCHOOL PERSONNEL)

DISTRITO (District)	IMPRIMA O ESCRIBA CLARAMENTE (Please print or type clearly)		
ESCUELA (School)	GRADO (Grade)		
NOMBRE DEL ESTUDIANTE (Student Name)			
FECHA DE NACIMIENTO (Date Of Birth)			
	Mes: (Month)	Día: (Day)	Año: (Year)
NUMERO DE IDENTIFICACION DEL ESTUDIANTE (Student Identification Number)			
PAIS NATAL O ASCENDENCIA (Country of Birth/Ancestry)			
NUMERO DE AÑOS MATRICULADO EN ESCUELA(S) FUERA DE LOS EU. (Number of years enrolled in school outside the U.S.)			
NOMBRE/POSICIÓN DEL PERSONAL ESCOLAR LLENANDO ESTA SECCION (Name/Position School Personnel Completing This Section)			
DETERMINACIÓN: (Determination)			
<input type="checkbox"/> Posiblemente LEP (Possibly LEP) <input type="checkbox"/> Dominante en Inglés (English Proficient)			

(✓ Marque las casillas que aplican)

1. ¿Qué idioma(s) se habla en el hogar o residencia del estudiante? Inglés Español Otro _____
(Especifique cuál)
 2. ¿En qué idioma(s) se le habla al estudiante la mayor parte del tiempo en el hogar o residencia? Inglés Español Otro _____
(Especifique cuál)
 3. ¿Qué idioma(s) entiende el estudiante? Inglés Español Otro _____
(Especifique cuál)
 4. ¿Qué idioma(s) habla el estudiante? Inglés Español Otro _____
(Especifique cuál)
 5. ¿En qué idioma(s) lee el estudiante? Inglés Español Otro _____ No lee
(Qué idioma)
 6. ¿En qué idioma(s) escribe el estudiante? Inglés Español Otro _____ No escribe
(Qué idioma)
 7. ¿En su opinión, qué tan bien el estudiante entiende, habla, lee y escribe inglés?
- | | Muy bien | Un poco | Nada |
|-----------------|--------------------------|--------------------------|--------------------------|
| Entiende Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Habla Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lee Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Escribe Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Firma del Padre/Madre/Guardián/Otro
(Signature of Parent/Guardian/Other)

Mes:
(Month)

Fecha
(Date)

Día:
(Day)

Año:
(Year)

HLQ (2/00) 99-537 PM