
[Empty rectangular box]



.....



û a ä ð s r s r c e b l i n s r ð T t

8. Sr R U s r a y i T s r ä ra e E T N M T ä H ä s r ú Y t y n s r Y s r

9. p e s r a y H T s r y ä ä U ú a Y ú s ú e ú a H T s r p a y T s r t p o p ú h s a a e y a a ð n p e ú t t ú a e A Y p H Y e n ð e e T S r
 ë ? T S r í y t í t ú n e H T s r R ? R e t e i o a
 er 0 er 0 r
 % % % * " n p ð p t S r e r ? R H í
 e r y n T e T e s U a i a ú s r H n t H y T s r M s y % n n p ð ú t % Y H - e a p % y p y T s r p

10a. a H p a n S r e y T g a n ú a U H U a r n u n e ú a e ð s r s r e ð s r o U a U H e h e U % R U - e r % e r p u 10b a S r

10b. * a r s r ú a ú U H U t r a d i a n e e a t e n e U H Y t a e y V T a s r ú a e ð s r s r e ð s r o U t t e b H U a t n t N R ~
 % ú ú e r % e r a r t ð a t H e y S r a j s T p y
 a s r ú a t ð a t ú e t n p ð p t i y ú a a H s r ú a Y
 % H T s r ? Y s r U ú e t á) r % 3 y 5 y s r (ú e) % 6 y s r p T s r (á e)

10c. e y T y a s p r y d i v i d u a l i z e d E d u c a t i o n P r o g r a m (I E P) a ú í t U t n U e ð s r s r e ð s r o T o S i r a e N R t ^ % ú ú e r % e r

11. á H í y t í t a y n T e T e r a b l e r y T s r a e E T e s r e u s r i p R y H T i l e H T s r ú n (H y n R - o ú r a s r U t i n U H T s r n ð s r l e r y s) i ? ú H í

12. H Y s r y p a s r ú a e a e ? T t Y a e E T a e ? T S R Y e y t t ú s r ^

R t y y - e -

ã r a r ð e r ú t s r ú A Y a d T p Y p U t n t

á r s r ú A Y y U p e % o t a r r % í y t í t

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: % No % Yes

**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW:	% ADMINISTER NYSITELL
		% ENGLISH PROFICIENT
		% REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	% ENTERING	% EMERGING	% TRANSITIONING	% EXPANDING	% COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: