



Discover a World of Opportunity™

ADEEGYADA ELA

FOOMKA OGOLAANSHAHA WAALIDKA DOOKHA 1 & 2

Magaca Ardayga: _____ Taariikhda Dhalashada: ____/____/____ Lambarka Aqoonsiga Ardayga : _____ Fasalka: _____

Waalidiinta ama Masuuliyiinta:

Degmada waxay siisaa fasalo ardayda luuqadooda koowaad/guriga aysan aheyn Ingiriis. Markii dib loo eego ka dib warbixinta Qoraalka Waalidka ELA, iyo daawashada fiidiyowga ELA, dooro mid kamid ah dooqyada xiga:

FIKRADA 1

Waxaan rabaa in canugeyga uu barto Ingiriis isagoo ku helayo fasalada qaar Isbaanish. Waan fahamsanahay in canugeyga ka soo wareegayo barashada Isbaanishka ee u soo wareegayo barashada Ingiriiska kaliya waqti ka dib. Canugeyga wuxuu helayaa qeybta Hormarinta Luuqada Ingiriiska oo isaga/iyada aysan markale u baahneen caawintaan iyo wuu ku wanaagsanyahay Ingiriiska.

Waxaan doortay dooqaan

FIKRADA 2

Waxaan rabaa canugeyga in uu ku barto Ingiriiska fasalka looga hadlo Ingiriiska ee macalimiinta u tababaran ay siiyaan canugeyga taageero dheeraad ah oo barashada Ingiriiska ee akhrinta qoraalka, xisaabta, saayniska, iyo cilmiga bulshada.

Waxaan doortay dooqaan

***Hadii dooqa 1 aan laga heli karin dugsiga canugaaga, waxaad heystaa dooqa isaga/iyada ay uga qeybgalaan dugsi ka duwan si ay uga helaan fasalka Isbaanishka. Fadlan weydii shaqaalaha xafiiska Aagee dooqa Dugsiga ayaad heysataa.*

Fadlan tilmaan shaqaalaha dugsiga ayaa kuu sharaxay ikhtiyaarada la heli karo iyo jawaabaha su'aal walba oo laga yaabo inaad qabto. (Calaameey dhammaan inta ay quseyso)

Maamulka Bixiyaha ELA CH-ISA Xubaha Kuwa kale _____

Fadlan sheeg haddii lagu siiyay fursad aad ugu akhriso waalidka warqada ELA iyo daawashada video-ga ee ELA.

Haa Maya

Waan fahamsanahay in hadii aan rabo in aan isbedelo ku sameeyo fasalada canugeyga, waxaan buuxinayaa Foom cusub ee Ogolaanshaha Waalidka.

Magaca Waalidka/Masuulka (qor): _____

Saxiixa Waalidka/Masuulka _____ Taariikhda ____/____/____

For Internal Use Only

Comments:

Parent(s) or Guardian(s) was/were notified of available English Language services according to the DPS Procedures.

School Name _____ School Number _____

Signature of School Leader _____ Date ____/____/____