

## Utafiti Kwa Wanafunzi Wampya na Familia Zao - Swahili

Clark County School District Educator, thank you for helping parents complete this process.  
Please meet with a member of the student's family to complete.

Jina la Familia la Mwanafunzi: \_\_\_\_\_ Jina la Kwanza: \_\_\_\_\_ Tarehe: \_\_\_\_\_

Tarehe ya Kuzaliwa: \_\_\_\_\_ Umri: \_\_\_\_\_ Nchi ya Asili: \_\_\_\_\_

### Maelezo ya asili

1. Lugha ya asili ya Mwanafunzi _____	
2. Lugha ya asili ya Mwanafunzi	<p>Mwanafunzi ni _____.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Msomaji mwenye uzoefu</li> <li><input type="radio"/> Msomaji mwenye upungufu</li> <li><input type="radio"/> si msomaji</li> </ul> <p>Mwanafunzi ni _____.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Mwandishi mwenye uzoefu</li> <li><input type="radio"/> Mwandishi mweye upungufu</li> <li><input type="radio"/> Si mwandishi</li> </ul>
3. Ni lugha zingine gani mwanafunzi anaelewa na kuzungumza? _____	
4. Ni wakati gani familia yako iliwasili nchini Marekani? _____ Mwezi/Mwaka	
5. Mwanafunzi alikuwa anayishi nchi gani kabla ya kufika nchini marekani? _____	
6. Je, familia yako iliishi kwenye kambi ya wakimbizi?	<ul style="list-style-type: none"> <li><input type="radio"/> Ndiyo <ul style="list-style-type: none"> <li>• Muda gani? _____</li> <li>• Nchi gani? _____</li> </ul> </li> <li><input type="radio"/> Apana</li> </ul>
7. Je una watoto wengine wanaoishi nawe hapa Marekani?	<ul style="list-style-type: none"> <li><input type="radio"/> Ndiyo <ul style="list-style-type: none"> <li>• Wangapi? _____</li> </ul> </li> <li><input type="radio"/> Apana</li> </ul>
8. Watoto wangu wengine wanahudhuria shule zifuatazo :	<ul style="list-style-type: none"> <li><input type="radio"/> Shule ya Msingi: _____</li> <li><input type="radio"/> Shule ya kati: _____</li> <li><input type="radio"/> Shule ya Sekondari : _____</li> <li><input type="radio"/> Nyingine: _____</li> </ul>
9. Ni watu ngapi wa familia walio nyumbani?	<ul style="list-style-type: none"> <li><input type="radio"/> Baba</li> <li><input type="radio"/> Mama</li> <li><input type="radio"/> Babu/Bibi</li> <li><input type="radio"/> Mjomba</li> <li><input type="radio"/> Shangazi</li> <li><input type="radio"/> Wengine:</li> </ul>

**Utafiti Kwa Wanafunzi Wampya na Familia Zao**

Jina la Familia la Mwanafunzi: \_\_\_\_\_ Jina la Kwanza: \_\_\_\_\_ Tarehe: \_\_\_\_\_

**Historia ya Elimu**

<p>1. Mwanafunzi alipoingia shule mara ya kwanza alikuwa na umri gani?</p> <p>Nchi gani? _____</p>	<p><input type="radio"/> 5-6</p> <p><input type="radio"/> 7-8</p> <p><input type="radio"/> 9-10</p> <p><input type="radio"/> 11-12</p> <p><input type="radio"/> 13-14</p> <p><input type="radio"/> 15-16</p> <p><input type="radio"/> 17-18</p> <p><input type="radio"/> Nyingine _____</p>
<p>2. Je shule ilikuwa katika kambi ya wakimbizi?</p>	<p><input type="radio"/> Ndiyo</p> <p>• Wapi _____</p> <p><input type="radio"/> Apana</p>
<p>3. Ni masomo gani mwanafunzi alisoma shuleni?</p>	<p><input type="radio"/> Hesabu</p> <p><input type="radio"/> Lugha ya asili</p> <p><input type="radio"/> Kiingereza</p> <p><input type="radio"/> Historia</p> <p><input type="radio"/> Sayansi</p> <p><input type="radio"/> Sanaa</p> <p><input type="radio"/> Elimu ya mazoezi ya viungo/mwili</p> <p><input type="radio"/> lingine _____</p>
<p>4. Zilifundishwa katika lugha gani?</p>	<p><input type="radio"/> Kiingereza</p> <p><input type="radio"/> Kihispania</p> <p><input type="radio"/> Nyingine _____</p>
<p>5. Je, mwanafunzi alihudhuria shuleni kwa miezi mingapi?</p>	<p><input type="radio"/> miezi 2-4</p> <p><input type="radio"/> miezi 5-6</p> <p><input type="radio"/> Zaidi ya miezi 6</p>
<p>6. Je elimu ya mwanafunzi ilikuwa imeingiliwa?</p> <p><input type="radio"/> Ndiyo</p> <p><input type="radio"/> Apana</p>	<p>Kama ndiyo, mwanafunzi huyo alikuwa na umri gani? _____</p> <p><input type="radio"/> Muda ampao alikosa shuleni kwa sababu ya usumbufu:</p> <p>_____</p>
<p>7. Mwanafunzi huyo alihudhuria shuleni kwa siku ngapi?</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p>
<p>8. Je kuna hati yoyote inayoonyesha madarasa ambayo mwanafunzi alichukua?</p>	<p><input type="radio"/> Ndiyo</p> <p><input type="radio"/> Apana</p>
<p>9. Je Mwanafunzi anajua jinsi ya kutumia kompyuta?</p>	<p><input type="radio"/> Ndiyo</p> <p><input type="radio"/> Apana</p>

## Newcomer Student and Family Survey

Use this form as needed to assist newcomer families as they are entering the community.

- **Step one:** Determine if you need translation assistance to communicate with the family.



If there is no one on site who can assist you with translation, use Google Translate as a method of basic communication. Please note that this app does not always translate accurately and is best used for basic words and phrases, not an intake process.

- **Step two:** Say the following to the families: "Please look at the pictures and circle the services you need."
- **Step three:** Provide family with service information.

To access this information go to the following link: [faces.ccsd.net](http://faces.ccsd.net). Click on the **Family Toolbox**, then click on **Community Resources**, and finally click on **Community Resources Guide**. You will find the names of services, phone numbers, and addresses. Print out the appropriate page(s) and offer to families. *If you have your own services, please feel free to offer them to families as well.*

Jina la Mzazi: \_\_\_\_\_ Tarehe: \_\_\_\_\_

Jina la Familia la Mwanafunzi: \_\_\_\_\_ Jina la Kwanza: \_\_\_\_\_

Servicios	Servicios
<p data-bbox="381 1251 618 1278">Adult Health Clinics</p>  <p data-bbox="321 1564 678 1591">Kliniki za afya za watu wazima</p>	<p data-bbox="997 1251 1300 1278">Mental Health Assistance</p>  <p data-bbox="964 1549 1333 1577">Msaada wa Afya ya Kisaikolojia</p>

**Children Clinics**



**Kliniki za Watoto**

**Nevada Health Link Agencies**



**Mashirika ya Kiungo ya Afya ya Nevada**

**Clothing Assistance**



**Msaada wa Mavazi**

**Non-Profit Organizations**



**Mashirika yasiyo na Faida**

**Domestic Violence & Abuse Assistance**



**Unyanyasaji wa Nyumbani/ Msaada wa Unyanyasaji**

**Parenting Assistance**



**Kuwasaidia kuwa wazazi bora**

**Employment & Training Assistance**



**Usaidizi wa Ajira & Mafunzo**

**Shelter**



**Makao**

**Family Resource Centers**



**Vituo vya Rasilimali za Familia**

**Substance Abuse Assistance**



**Msaada kwa Wanaotumia Madawa ya Kulevya**

Food Assistance



Msaada wa Chakula

Teen Services



Huduma kwa Vijana

Homeless Services



Huduma kwa wasio na Makao

Transportation Assistance



Usaidizi wa Usafiri

Hospice



Hospitali na huduma kwa wagonjwa mahututi

Utilities Assistance



Usaidizi wa huduma za Umma

Housing & Rental Assistance



Usaidizi wa Nyumba na wa Kukodisha

Legal Assistance



Msaada wa Kisheria