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*If different*





student

Grade level	When you were . . .	In what country were you living?	Did you go to school for most of that school year?	How much time did you spend in school?	Was your school in a city or town?	In what language(s) were the lessons given?	Did you study outside of school that year?





<i>check one</i>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes</i>	<i>check all that</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>apply</i>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>check all that</i>	<i>apply</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>check all that</i>	<i>apply</i>			

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<i>check one</i>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes</i>	<i>check</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>all that</i>	<i>apply</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>check all that</i>	<i>apply</i>			









<http://www.p12.nysed.gov/biling/>