

Projectii SHINEII Gafii wora Barnota (Oromo)

Idoo : _____ Magaala: _____

Guyaa: _____

Yeero kessan fudhatanii gafii kana gutu kesaniif bayeen isiin galatoma. Debiin kessan SHINE iraa mal aka barataan bekudhaf nu gargara akasumas saganta kenyaawoyeesudhaf nu gargara.

1. Barsiisako (Deebii toko tuqaa):

- Baranota bayee gargaree. Namotaa xiqoo waliin hojete.
- Qobaa na barsiisee.

2. Gafii kanan gadii anutii, maloo waae barsisaa kesanii amaa wan isinitii dhagaamu ykn wan kanan dura etuu barisa kesaniin wol hin argiin wan isiniti dhagaame:

	<i>Utuuun hoja qorachisu ihn hojatin:</i>			<i>Amma:</i>		
	Bayee Xiqoo 1	Xiiqoo 2	Bayee 3	Bayee Xiqoo 1	Xiqoo 2	Bayee 3
a. Afaan Englishii nagala.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Afaan Englishii soda malee ni hasaa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Afaan Englishiin woli galu ni dandaa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Seenaa biiya U.S beeka.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Saba America beeka.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Barachu ni jaladha.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Waae dargagoo U.S beeka.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Qormataa nama biyaa America taudhaaf qoradhe beka.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Filmataa biyaa U.S kesatii godhachudhaf qoopaera.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Barsisake waliin hojichuran Bayee Foyaeera, Xiiqoo Foyaeera, Homa hin fooyofnee malo nu beksisa:

	Bayee Foyaeera	Xiiqoo Foyaeera	Homa hin fooyofnee
a. Afaan Englishiif barachuf nama biyaa taunko.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Konkolata motumaa fudhachuun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Karaa gafachun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bilbila debisuun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nanmoota hawaasako gargarun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Saganta hawaasa afaan hiku male argachu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hojii argachu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Gazeexa dubisu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Galatoma!

Project SHINE Learner Survey

Tutoring Site: _____ City: _____

Date: _____

Thank you for taking the time to complete this survey. Your answers will help us to know what you learned as you worked with your SHINE tutor and how to improve our program.

1. My tutor (check one answer):

- Helped many learners in my class. Worked with a small group of learners.
- Tutored me individually.

2. For the following questions, please rate how you felt before you worked with your tutor and how you feel now:

	<i>Before I worked with my tutor:</i>			<i>Now:</i>		
	A little 1	Some 2	A lot 3	A little 1	Some 2	A lot 3
a. I understand English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel confident speaking English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can express myself in English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know about U.S. history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I know about American society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I enjoy learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I know about young people in the U.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel prepared to take the citizenship exam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel prepared to vote in U.S. elections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please tell us whether you got a lot better, a little better, or not at all better at the following skills after working with your tutor:

	A lot better	A little better	Not at all better
a. Participating in my English/citizenship class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Taking public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asking for directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Answering the phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping people in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using community services without translation help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Getting a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reading the newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You!