

**ELL STUDENT REFERRAL AND PLACEMENT FORM**

Revised 7/2015

**PART I** *To be completed by ESL teacher upon notification of potential English Language Learner.*

Student \_\_\_\_\_, I.D. # \_\_\_\_\_  
 Last First

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Shelby County Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date First Identified LEP: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Home Language: \_\_\_\_\_ ESL Teacher: \_\_\_\_\_

Home Language Survey Completed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II** *To be completed by ESL teacher.* ESL Teacher's Initials \_\_\_\_\_

Assessment Results:

<b>MODEL</b>	<b>WIDA/ACCESS</b>	<b>Other Assessments:</b>
Speaking _____	Tier _____	<b>ACT ASPIRE</b>
Listening _____	Listening _____	Reading Scale Score _____ Proficiency Level _____
Writing _____	Speaking _____	Math Scale Score _____ Proficiency Level _____
Reading _____	Reading _____	<b>ACT+Writing</b> _____
Composite _____	Writing _____	<b>Other Assessment Data:</b> _____
	Comprehension _____	_____
	Composite _____	_____

Comments: \_\_\_\_\_

**PART III** *Within ten (10) days ELL Committee must complete this section.*

The parental signature below indicates notification of the student's English Language Proficiency and Progress in Language Acquisition.

<i>Signatures</i>	<i>Position</i>	<i>Date</i>
_____	Parent	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SUMMARY**

ELL Committee Recommendations:  
 (Circle CHOICES)

- A. Assign to ESL \_\_\_\_\_ hours weekly - Pullout and/or Inclusion
- B. Accommodations (circle appropriate assessment) ACCESS for ELLs / ACT ASPIRE / ACT+Writing / ACT WorkKeys / ACT EOCs
- C. Regular Classroom with Accommodations
- D. Exit Date \_\_\_\_\_
- E. FLEP Status: M Yr 1 / M Yr 2 / FLEP
- F. Exempt from ESL (NOMPHLOTE)
- G. Exempt from ESL (FLEP)
- H. Grading \_\_\_\_\_
- I. Waiver of Title III
- J. Other \_\_\_\_\_

Place completed form in student's cumulative file and ELL folders and send a copy to Leah Dobbs Black, ESL Program Supervisor, at SCISC.