

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
Multicultural, ESOL and Program Services Department

Special Populations Language Dominance Questionnaire  
School Form

This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency and are “unable to be classified.” See Procedures for Using the Special Populations Language Dominance Questionnaire.

Student’s Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last First Middle

Current School Placement: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Length of Time in English-speaking School Setting: \_\_\_\_\_

Briefly describe the conditions that prevent formal testing: \_\_\_\_\_

\_\_\_\_\_

I. INITIAL LANGUAGE CLASSIFICATION RECOMMENDATION:

\_\_\_\_\_  
Name of Language Assessor Date of Assessment

\_\_\_\_\_  
Job Title Location of testing

The Multicultural, ESOL and Program Services Department Support Service Team Members met on:

\_\_\_\_\_  
Date

English Language Learner (ELL)

Yes \_\_\_\_\_(ELL code: LY) No \_\_\_\_\_(ELL CODE: ZZ)

Team Members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. LANGUAGE RECLASSIFICATION RECOMMENDATION:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Evaluation Specialist Date

\_\_\_\_\_  
Job Title School Location

## Procedures for Using the Special Populations Language Dominance Questionnaire

### Initial Language Classification of “Unable To Be Classified” Students

Attempt to give the student a formal language assessment test of aural/oral proficiency if the student is at least three years old.

If the student’s verbal skills are too limited in any language to complete a formal language test of aural/oral proficiency, document this on the *Initial Language Classification Assessment Form*. The student’s language classification is “unable to be classified.”

Ask the parent/guardian to respond to the *Special Populations Language Dominance Questionnaire Parent Form*. This questionnaire is available in Spanish, Haitian-Creole and Portuguese and each language version includes English translations of the items. The questionnaire should be given in the parent’s native language, and must be signed and dated.

The Language Assessor should complete the top portion of the *Special Populations Language Dominance Questionnaire School Form*. Include the student’s name, date of birth, current school placement, grade level, length of time in English-speaking school setting and conditions that prevent formal testing.

Send both the *Special Populations Language Dominance Questionnaire School Form* and the *Special Populations Language Dominance Questionnaire Parent Form* along with the *Initial Language Classification Assessment Form* to the Multicultural, ESOL and Program Services Department.

The Multicultural, ESOL and Program Services Department Support Service Team members will review this information, make the recommendation of “Yes” English Language Learner (LY) or “No” (ZZ) and return forms to the school or appropriate location.

A student’s English proficiency should be re-assessed with a formal language assessment test of aural/oral proficiency if his/her verbal skills improve over time.

### Language Reclassification of “Unable To Be Classified” ELLs

A school based professional (e.g. speech-language pathologist, ESE/ESOL teacher) will decide if the student has sufficient verbal skills to complete a formal language assessment test of aural/oral proficiency on an annual basis.

If it is possible to obtain a language classification of  $A_1$  -  $C_2$ , for the student, proceed with regular language reclassification procedures.

If the student is still “unable to be classified,” document this in the Language Reclassification section of the *Special Populations Language Dominance Questionnaire School Form*.