

Teacher Information Form
Identifying English Language Learners with Speech-Language Concerns

I. General Information

Person Completing Form: _____ Date: _____

Last Name: _____ First Name: _____

School: _____ Grade: _____

Date of most recent language classification: _____

Language Classification: _____

II. Educational Information

A. The student was referred by: _____
Name Title

B. Primary reason for this referral?

C. What type of ESOL instructional program is the student receiving?

__ Option 1: ELLs receive instruction in a Sheltered Instruction/self-contained setting in English Language Arts and content areas.

__ Option 2: ELLs receive instruction in a Sheltered Instruction/self-contained setting in English Language Arts. Content areas can be delivered through a combination of Sheltered and/or basic mainstream instruction.

__ Option 3: ELLs receive instruction in English Language Arts and content areas through the basic mainstream program.

D. Does the student initiate verbal interaction with peers? _____

If yes, in what language: _____

E. Is the student having academic difficulties? _____

If yes, please explain and state intervention strategies tried.

F. Has student demonstrated academic progress during the current school year? _____

