

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
 MULTICULTURAL, ESOL AND PROGRAM SERVICES DEPARTMENT

REQUEST FOR ASSESSMENT

SCHOOL _____

DATE _____

CONTACT PERSON'S NAME _____

POSITION _____

Upon receipt of this form by the Multicultural, ESOL and Program Services Department, an appointment will be set up with your school to assess students in grades 3-12 with the Kaufman Test of Educational Achievement Brief Form (K-TEA II Brief Form) in the areas of Reading (R) and Writing (W). This form may also be used for any of the following assessments: Pre-IPT / IPT-I / IPT-II.

NAME (Last, First, Middle)	DATE OF BIRTH	GRADE	PRIMARY/HOME LANGUAGE	STDT NUMBER (FSI)	DATE OF AURAL/ ORAL LANGUAGE ASSESS.	NATIONAL PERCENTILE (NP) LISTENING/SPEAKING	DATE OF READING/ WRITING ASSESS.		NATIONAL PERCENTILE (NP) READING WRITING	LANG. CLASS	ASSESSOR'S INITIALS (K-TEA II) (Pre-IPT) (IPT-I) (IPT-II)

 Principal/Designee