

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
ESOL DEPARTMENT

**REQUEST FOR ASSESSMENT**

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

CONTACT PERSON'S NAME \_\_\_\_\_

POSITION \_\_\_\_\_

Please complete and submit the form to [esolrequests@browardschools.com](mailto:esolrequests@browardschools.com). An appointment will be scheduled 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) OR to assess identified Pre-K students with the Pre-IPT as necessary.

*This section to be completed by ESOL Dept.*

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)		LANG. CLASS	ASSESSOR'S INITIALS (K-TEA II) (Pre-IPT)
								READING	WRITING		

\_\_\_\_\_

Principal/Designee