



English Learner (EL) Referral Form

Date Rec'd by ESOL Office _____

Purpose: Identification of Students for EL Screening who have all English on Home Language Usage Survey

When to use: ESOL or Classroom Teachers, School Counselors, and other School Personnel who suspect that a student may be an English Learner and in need of a language assessment should use this form to identify students. To refer a student for English Proficiency Testing, the school personnel member **must have observed a language besides English being used by a member of the student or the student's household** (i.e., parent, sibling, student, etc.), either orally or in print.

Please fill out the following information:

Date: _____ School: _____

Student's Name: _____ Grade: _____

Student ID#: _____ Enrollment Date: _____

Person completing this form: _____

Position: _____

Please indicate the reason(s) this student is being referred for English Language Proficiency Assessment:

_____ Staff Observations _____ Parental Contact

Please give a more detailed explanation below (Include date of observation/contact):

_____ (Signature of person completing form)

_____ (Signature of building ESOL personnel)

_____ (Signature of building Administrator)

Please attach a copy of the student's Home Language Usage Survey to this form and send to the ESOL Office.