

DELAWARE CITY SCHOOLS

REFERRAL FOR ESL EVALUATION

Date: _____

Child's Name: _____

Grade: _____

Address: _____

Birthdate: _____

Parent's Name: _____

Phone Number: _____

School: _____

Please answer the following questions:

1. What language did your son or daughter learn when he or she first began to talk?

2. What language does your son or daughter most frequently use with adults in the home?

3. Which language is used most frequently by the adults in your home?

4. What language do you use most frequently to speak to your son or daughter?

5. Name the language(s) spoken in your home _____

Yes _____ I am requesting an evaluation of my child for ESL services.

No _____ I do not want my child evaluated for ESL services.

Date

Parent Signature

Reviewed by: *Administrator*

Date

ESL Teacher Referred to

Date form forwarded to ESL Teacher