

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

ENGLISH AS A SECOND LANGUAGE SERVICES FORM

Student Name _____

School _____ Grade _____ Date _____

	ENGLISH (Yes/No)	OTHER LANGUAGES (Indicate which)	HOW WAS DECISION MADE (Test/observation/record)	DATE Assessed	ASSESSOR
1. Listen with understanding					
Speak & be understood					
Read with Compreh.					
Writes					

2. Home Background

a. Does/do the adult(s) at home speak English?

Father: Circle: YES or NO
 Mother: YES or NO
 Other(s): _____ YES or NO
 _____ YES or NO
 _____ YES or NO

b. Are there languages other than English spoken at home? YES or NO

Elaborate: _____

c. Percent of other language(s) spoken at home:

Language(s): _____ Percent spoken: _____

3. Standardized Test for Language Proficiency

DATE	TEST NAME	ADMINISTERED BY	RESULTS

4. Special interests and abilities of student as noticed by teacher(s), parents or others.

RECOMMENDATION:

- No need for ESL services.
- Need exists for ESL services.
Begin development of Individual Education Plan.

(Principal's Signature)

(Date)

(Building)

EVALUATION REPORT: To be completed at the end of each academic year or when ESL services are no longer needed.

1. Individual Program (attach data)

- All goals completed satisfactorily - integrate student into regular classrooms.
- Satisfactory progress toward all goals - continue services for all goals.
- Some goals completed satisfactorily - continue services for incomplete goals.
- Unsatisfactory progress toward goal completion - re-evaluate the individual program and make adjustments.

2. Academic progress: (Attach data)

(Date)

(Submitted by)

(Principal)