

ESOL Intake

Demographics

Student Name _____ Student ID _____ Grade _____

Date of Birth _____ Parent/Guardian Name _____ Phone Number _____

School Contact Information

Check One Box In County Transfer In State Transfer Re-Entry into County

Last School Attended _____ Address _____ City _____ State _____ Zip Code _____

Phone Number (____) _____ Person Contacted @ Last School Attended _____ Position _____

Date completing this form _____ Person's Name _____ Position _____

Check One Box

Phone Contact Fax Transcript

Dates of Attempts to acquire information Date _____ Date _____ Date _____

Home Language Survey

Home Language Survey Date _____

A. Does the student most frequently speak a language **other than** English?

YES What language _____ NO

B. Did the student have a first language **other than** English?

YES What language _____ NO

C. Is a language **other than** English used in the home?

YES What language _____ NO

ESOL Dates

Start Date _____ End Date: _____

Referral Date _____ Classification Date _____

Reevaluation Date _____ Plan Date _____

Reclassification Date _____

Monitoring Dates:

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Basis of Entry Test Data

Check One Box & add information

A (Oral/Aural) R (Reading & Writing) L (ELL/LEP Committee)

Aural/Oral Test Name _____ Reading Test Name _____ Score _____ Date: _____

Score: _____ Date: _____ Writing Test Name _____ Score _____ Date: _____

Basis of Exit Test Data

	Gr. Level	Choose ONE Option	Basis of Exit 1	Basis of Exit 2
*ONLY Valid Prior to 2012 CELLA Administration	K-2		**H (CELLA proficient in all domains)	Z (Not applicable)
			*B (CELLA Composite & Reading)	*C (IPT Listening & Speaking)
			L (ELL Committee)	Z (not applicable)
		Test Date: _____	Test Name: _____	Test Scores: _____
**Effective Starting with The 2012 CELLA Administration	3-9		*B (CELLA Composite & Reading)	*E (FCAT Level 3)
			*C (IPT Listening & Speaking)	*D (IRW 33% or above)
			*E (FCAT Level 3)	*D (IRW 33% or above)
			**I (CELLA proficient in all domains & FCAT Level 3)	Z (Not applicable)
		L (ELL Committee)	Z (Not applicable)	
	Test Date: _____	Test Name: _____	Test Scores: _____	
	10-12		*B (CELLA Composite & Reading)	*E (FCAT Level 3)
			*C (IPT Listening & Speaking)	*D (IRW 33% or above)
			*E (FCAT Level 3)	*D (IRW 33% or above)
			**J (CELLA proficient in all domains & score on the 10 th grade FCAT or Standardized Test per Section 1008.22)	Z (Not applicable)
		L (ELL Committee)	Z (Not applicable)	
	Test Date: _____	Test Name: _____	Test Scores: _____	
		Most Recent CELLA Scores		
	K-12		Speaking/Listening: _____	Reading: _____
				Writing _____
		Test Date: _____		

