



English Language Development Program

Referral/Concern - ELL Services

Student _____ School _____ Date _____

If you have a concern about a student's ELL status or wish to refer a student for ELL services, please fill out the following information.

Check:

_____ Student is not receiving ELL services and needs to be.

_____ Student is receiving ELL services, but is placed at the wrong level or receiving inadequate instruction.

_____ Student is identified as ELL through Home Language Survey, but should not be tested for ELL. (i.e. parent speaks a foreign language, but it is not an ELL influence on the student)

Please give more detail about student circumstances:

Teacher name _____ **OR** Parent name _____

Please send this form to the District Office—Student Services:

Clayton Long, Bilingual Director

Lynnette Johnson, Student Services Director