

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
 ESOL PROGRAM  
 J. E. Hall Educational Services Center  
 30 E. Texar Drive Pensacola, FL 32503  
 (850) 439 - 2661

# ESOL REFERRAL

**INSTRUCTIONS:** This form is to be completed by ESOL staff to refer English Language Learner students for an ESOL Program. Fill out all information below as completely as possible. Provide copy of form to parents.

## STUDENT DATA

STUDENT'S NAME		STUDENT'S NUMBER	GRADE	VERIFIED BIRTHDATE
STUDENT'S STREET ADDRESS	PHONE	SCHOOL		
CITY	ZIP CODE 325_____	RACE	GENDER	STUDENT'S PRIMARY LANGUAGE
NATIONAL ORIGIN		DATE OF ELL IDENTIFICATION		

## PARENT DATA

FATHER'S NAME	ADDRESS/PHONE, IF DIFFERENT	NATIONAL ORIGIN	
PRIMARY LANGUAGE	EMPLOYED BY	WORK PHONE	CELL PHONE
MOTHER'S NAME	ADDRESS/PHONE, IF DIFFERENT	NATIONAL ORIGIN	
PRIMARY LANGUAGE	EMPLOYED BY	WORK PHONE	CELL PHONE
LEGAL GUARDIAN'S NAME	ADDRESS/PHONE, IF DIFFERENT	NATIONAL ORIGIN	
PRIMARY LANGUAGE	EMPLOYED BY	WORK PHONE	CELL PHONE

I am aware that my child has been referred to an ESOL class. I request at this time that he/she be served by the ESOL program.

I give my consent for the appropriate evaluation eligibility and placement. A record of evaluations and eligibility decisions will be maintained in the student's official school records.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE	RELATIONSHIP TO CHILD
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## REFERRAL APPROVED DATA

SIGNATURE OF ESOL TEACHER	DATE	
SCHOOL AT WHICH SERVICE WILL BE PROVIDED	SCHOOL CONTACT PERSON	PHONE