

ESCAMBIA COUNTY PUBLIC SCHOOLS

PROGRAMMATIC ASSESSMENT & PLACEMENT FOR ELL STUDENTS

ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

Date: _____ School: _____
Student Name: _____
Student ID: _____ Date of Birth: _____ Age: _____

1. Age appropriate grade: _____ DEUSS _____

2. Name of person interviewed: _____ Relationship to student: _____

3. Name of last school attended: _____

4. Location of previous schooling: Country: _____ State: _____

5. Last grade level completed: _____ Date of last attendance: _____

6. Areas of academic strength: Language Arts Mathematics Science Social Studies

7. Knowledge of English: No oral English Oral English Reads English Writes English

8. English for Speakers of Other Languages (ESOL) Program experience:
How long? _____ Where? _____

9. Special Programs:
 Gifted Migrant ESE 504 Other: _____

10. Other important information obtained from parent/guardian/student: _____

11. Review of information pertinent to student: (check if available in cumulative folder)
 Previous school records Transcript Other: _____
 Report Card Standardized Test Information

12. Placement authorized by:

Name Title