

English Language Learner Worksheet

Student _____ School _____ Date _____

Note: Do not leave any blanks. Please write "NA" in any blanks that do not apply. If the information cannot be obtained please write "unknown."

Child's country of birth _____ Age moved to United States _____

Mother's country of birth _____ Mother's native language _____

Mother's English proficiency level _____

Father's county of birth _____ Father's native language _____

Father's English proficiency level _____

English proficiency of others living in the home:

<i>Name</i>	<i>Relationship</i>	<i>Proficiency</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information regarding family's social support system and community (church, neighbors, etc. / include info regarding language of those they interact with) _____

Primary language spoken in child's home _____

First language learned by child _____

Description of child's language development in first language (rate, problems, etc.) _____

Age child was first exposed to English language on regular basis _____

Primary language used by child in non-classroom settings (recess, church, home, etc.) _____

Language spoken among family members (mother-son, brother-brother, etc.) _____

Language spoken by child during leisure activities (music preferences, watching tv, playing sports, etc.) _____

Results of oral language screening instrument (SOLOM) administered in child's native language _____

If child was born in another country, did he/she attend school there? _____ If yes, until what grade? _____

Type schools the child attended in another country (public, private, religious, bilingual) _____

Child's educational history in native country (grades, retention, etc. that indicate how child was performing) _____

Grade at or during which child entered school in United States _____

At current school, language child uses primarily for –

- Reading _____
- Writing _____
- Speaking with classmates _____
- Speaking with adults _____

Is the child receiving ESL services? _____ If yes, please answer following:

Date child began receiving services _____

Amount of time per day/week child receives ESL services _____

Rate at which child is progressing compared to ESL peers _____

ELDA results

<i>Date</i>	<i>Grade</i>	<i>Listening</i>	<i>Speaking</i>	<i>Reading</i>	<i>Writing</i>	<i>Comprehension</i>	<i>Composite</i>

Results of other proficiency tests _____

If the child is not currently receiving ESL services, has he/she received them in the past? _____ If yes, reason for exiting program _____

How does the child feel about learning English? _____

If there is a discrepancy between the child's reading and math skills? If so, please describe. _____

Is there any evidence of an obvious medical, mental, physical or sensory condition which warrants immediate consideration for special education evaluation and services? (examples – significant cerebral palsy, epilepsy, traumatic brain injury, stroke, hearing loss, vision loss) _____

Other information considered by the team _____

Persons who contributed to completion of this form (signatures not required):

<i>Name</i>	<i>Title</i>
_____	_____
_____	_____
_____	_____
_____	_____