



Somerville Public Schools

Education • Inspiration • Excellence

English Learner Programs and Services

EL English - #14
4/2018

REQUEST FOR CONSULTATION/ASSESSMENT FOR EL STUDENTS

Date _____

Name _____ DOB _____

Address _____ Phone _____

School _____ Teacher _____

Current Grade _____ Grade(s) Repeated _____ In Class Since _____

U.S. Entry Date _____ Home Language _____

Name of Referring Person _____

Perceived Academic Difficulties

Reason for Request:

Action Taken to Address Concern:

Action taken by _____

Name

_____/_____/____

Date

Original to: ELL Program/Assessment Specialist
Copies to: Student Temporary Record Folder
Building Principal