

REQUEST for NSSEO ELL CONSULTATION

Student Name _____ Birthdate _____ M/F _____ District _____
 Address _____ City _____ Zip code _____
 Parent/Guardian _____ Home Phone _____ Work Phone _____
 School _____ Grade _____ Native Language _____

Problem Solving Team Leader _____ Phone _____ E-mail _____

Classroom Teacher _____ Phone _____ E-mail _____

ESL Teacher (if applicable) _____ Phone _____ E-mail _____

Date of Anticipated Problem Solving Team Meeting: _____

AREAS OF CONCERN

Current Levels: (Check one for each area. Informally estimate student's general level compared to his peers.)

| | Significantly Below | Below | Average | Above | | Significantly Below | Below | Average | Above | | Significantly Below | Below | Average | Above |
|----------------------------|---------------------|-------|---------|-------|----------------------------|---------------------|-------|---------|-------|----------------|---------------------|-------|---------|-------|
| READING | | | | | MATH | | | | | WRITING | | | | |
| Fluency | | | | | Calculation | | | | | Spelling | | | | |
| Decoding | | | | | Problem Solving | | | | | Expression | | | | |
| Comprehension | | | | | Numeration/ Place Value | | | | | Organization | | | | |
| ORAL LANGUAGE | | | | | BEHAVIOR | | | | | MOTOR | | | | |
| Listening Comprehension | | | | | Social Skills | | | | | Handwriting | | | | |
| Oral Expression | | | | | Study Skills | | | | | Coordination | | | | |
| Vocabulary Usage | | | | | Attention | | | | | | | | | |

ATTACH the following information:

- ✓ Current ACCESS for ELLs results report
- ✓ Problem Solving Team notes (include CBM's, interventions attempted, results, etc)
- ✓ Work Samples
- ✓ Any additional pertinent information

 Building Representative/Date

 Administrative Representative/Date