

Appendix B

Prereferral Resources

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School Data

	Yes	No	Names of school(s) attended: (please list)	Grade
Went to preschool/kindergarten	_____	_____	_____	_____
Resisted going to 1st grade	_____	_____	_____	_____
First grade was successful	_____	_____	_____	_____
Was held back in school (grade)	_____	_____	_____	_____
			If no, why not?	
Upset about being held back	_____	_____	_____	_____
Likes school now	_____	_____	_____	_____
Gets along with teacher	_____	_____	_____	_____
Has friends at school	_____	_____	_____	_____

Rate your child's ability:	Below Average	Average	Above Average
Balancing, throwing a ball, skipping	_____	_____	_____
Writing, drawing, buttoning	_____	_____	_____
Understanding when others talk to him/her	_____	_____	_____
Paying attention/concentrating	_____	_____	_____
Manages homework independently	_____	_____	_____
Turns homework in on time	_____	_____	_____

Comments: _____

Special help given in school (Please tell what kind and when): _____

Special testing done before (when and where): _____

Assistive technology devices or services used at school or home: _____

Attach reports of any comprehensive individual studies previously conducted

Other information which may be helpful in understanding this student: _____



The Teaching Research Institute • Western Oregon University • Monmouth, Oregon 97361 • 1-800-541-4711 • 503-838-8693 FAX • 503-838-8821 (TTY) • www.tr.wou.edu/eec

Parent Information Form

Services

The Education Evaluation Center offers children and their parents a range of services, from telephone consultation to complete clinical evaluations. Upon receipt of this form and a completed School Information Form, Education Evaluation Center personnel will review the information and may contact either the school or the parents for further information or consultation. Once all information has been received, a determination of the level of services will be made, and an appointment may be scheduled for assessment. It is our policy to provide the parents and school personnel with a written report of results from the assessment. **Return to: Education Evaluation Center, The Teaching Research Institute, Western Oregon University, Monmouth, Oregon 97361.**

Date completed _____

Identification

Student's name _____

Birthdate _____ Age _____ Grade _____

Parent's name _____ Phone _____

Address _____
Street City State Zip

Father's contact phone _____ Mother's contact phone _____

E-mail _____ E-mail _____

School name _____

School Address _____
Street City State Zip

School contact person _____ Phone _____

Special Education Director _____

Phone _____ E-mail _____

Who is referring student? _____

Who will be responsible for the assessment fee? (Please check) Parents _____ School _____

Reasons for referring this student: (Tell about specific problems relating to school):

Information Needed: (List the questions you would like to have answered as a result of this referral):

Permission for Assessment Services

My signature indicates that I have been informed and counseled regarding the referral of this student to the Education Evaluation Center. I hereby give my permission for services to be provided and the copies of the evaluation report to be sent to the school and other agencies designated by me.

Parent Consent _____
Parent Signature Date

Birth And Development

	Yes	No		Yes	No
Adopted	_____	_____	Difficult labor	_____	_____
If yes, at what age _____			Difficult delivery	_____	_____
Complications during pregnancy	_____	_____	Caesarian Birth	_____	_____
Threatened miscarriage	_____	_____	Baby premature	_____	_____
Communicable disease during pregnancy	_____	_____	Baby late	_____	_____
Mother on medication during pregnancy	_____	_____	Discolored at delivery	_____	_____
Carried all pregnancies to term	_____	_____	Difficulty breathing	_____	_____
This was the _____ pregnancy for the mother			Difficulty sucking	_____	_____
Weight at birth ____ lbs. ____ oz.			Difficulty responding to light	_____	_____
Where was the baby delivered? Hospital _____ Home _____ Other _____					

How did this child compare with other children in the following areas:

	Age	Age
Said first word	early average late _____	Dressed him/herself alone early average late _____
Said first sentence	early average late _____	Buttoned
First fed him/herself	early average late _____	Tied shoes
First sat alone	early average late _____	Rode bike
Toilet trained.....	early average late _____	Generally development was..... early average late _____
First walked.....	early average late _____	

Medical History

	Yes	No		Yes	No
Birth defects	_____	_____	Ear infections	_____	_____
Headaches	_____	_____	Tubes in ears	_____	_____
Surgeries	_____	_____	Stomach complaints	_____	_____
Allergies	_____	_____	Vision normal	_____	_____
Fainting	_____	_____	Wears glasses	_____	_____
Unconscious	_____	_____	Hearing normal	_____	_____
High temperature	_____	_____	Eats well	_____	_____
Ice packed or alcohol rubs	_____	_____	Sleeps well	_____	_____
Head injuries	_____	_____	Well coordinated	_____	_____
Seizures	_____	_____	On medication	_____	_____
Frequent colds	_____	_____	Name of medication(s) _____		

Is there any important medical information that we should be aware of or might be related to your child's problem?

Yes No

Explain _____

Family

Father's occupation _____ Age _____ Last grade in school _____

Mother's occupation _____ Age _____ Last grade in school _____

Parents are (check) married _____ separated _____ divorced _____ other _____

Child lives with both parents _____ mother _____ father _____ other _____

Names of children in family, first born to last:

1. _____ M F Age _____ 4. _____ M F Age _____

2. _____ M F Age _____ 5. _____ M F Age _____

3. _____ M F Age _____ 6. _____ M F Age _____

Number of children living at home _____ Others living in the home _____

How many times has this child moved? _____

This child differs from other children in the family in the following ways: _____

Do any of the other children have learning problems? _____

Did either parent or any relative have a problem learning? _____

Is English this student's native/dominant language? Yes No

If not, please specify _____

Behavior/Management

	Yes	No	
Child is easily managed	_____	_____	Whom does he/she mind best? _____
Necessary to discipline	_____	_____	_____
Gets along with brothers/sisters	_____	_____	What type of discipline works best? _____
Gets along with other children	_____	_____	_____
Likes himself/herself	_____	_____	_____

Has the following responsibilities at home: _____

Carries out responsibilities: _____ Receives an allowance _____

Yes No Yes No

Watches about _____ hours of television on each weekday and _____ hours on weekend.

Names of friends _____

	Home	School
Likes & interests	_____	_____
	_____	_____
	_____	_____
Dislikes	_____	_____
	_____	_____
	_____	_____

Does fairly well at: _____

Is there anything that worries you about your child? _____

Parent Home Language Checklist

Student Name: _____ Birthdate: _____ Age: _____

Teacher: _____ Grade: _____ School: _____

Completed by: _____ Date: _____

Please check appropriate boxes:	English	Spanish	Other (Please specify)
1. What language does the child use at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What language does the mother use at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What language does the father use at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What language do siblings use at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers: List name/s and age/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters: List name/s and age/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What language does your child use with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What language do you think your child understands best?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What country (s) other than the United States (U.S.) has your child lived?

What was the highest grade of school your child completed in their native country?

What age did your child begin attending school in the U. S.?

What grade was your child placed in when she/he entered school in the U. S.?

How much English did your child understand and speak when she/he first entered school in the U.S.?

_____ none _____ a few words _____ phrases _____ sentences

PreReferral Review for Diverse Learners

STUDENT: _____	DOB: _____	AGE: _____	DATE: _____
SCHOOL: _____	CURRENT GRADE: _____		
PERSON MAKING REQUEST: _____	POSITION: _____		
Language(s) student speaks other than English: _____			
Language(s) student speaks with parent/guardian: _____			
Siblings: _____	Friends: _____		
Language(s) parent/guardian speaks to student: _____			
Are parents aware of your concerns:	<input type="checkbox"/> yes	<input type="checkbox"/> no	

School Experience Outside United States:

Country(ies) _____

Age started school _____ Number of interruptions _____

Circle each grade completed outside the U.S./Canada

PreK 1 2 3 4 5 6 7 8 9 10 11 12

School Experience Inside United States:

Age started school _____ Number of interruptions _____

Circle each grade completed outside the U.S./Canada. On the line below each grade write the number of days absent or NIA (No Information Available)

PreK 1 2 3 4 5 6 7 8 9 10 11 12

Days absent: _____

Number of schools attended: _____ Retained? yes no

Previous Concerns as Indicated in Student File:

REASONS FOR CONCERN:

Sociocultural Priorities (Sociocultural Checklist)

Sociocultural Area	Order of Concern	Duration of Intervention	Outcomes of Intervention
Acculturation			
Cognitive Learning			
Experiential Background			
Sociolinguistic Development			

Achievement of Behavioral Areas

Please check the appropriate boxes to indicate your level of concern in each area.	High Concern 5	4	3	2	Low Concern 1	Progress being made? Check Yes or No
A. Achievement in English						
• Receptive Language Social Comprehension						<input type="checkbox"/> yes <input type="checkbox"/> no
• Receptive Language Academic Comprehension						<input type="checkbox"/> yes <input type="checkbox"/> no
• Expressive Language Social Interaction						<input type="checkbox"/> yes <input type="checkbox"/> no
• Expressive Language Academic Interaction						<input type="checkbox"/> yes <input type="checkbox"/> no
• Reading						<input type="checkbox"/> yes <input type="checkbox"/> no
• Written Language						<input type="checkbox"/> yes <input type="checkbox"/> no
• Mathematics						<input type="checkbox"/> yes <input type="checkbox"/> no
B. Behavior						
• Positive Peer Interactions						<input type="checkbox"/> yes <input type="checkbox"/> no
• Positive Adult Interactions						<input type="checkbox"/> yes <input type="checkbox"/> no
• Works Independently						<input type="checkbox"/> yes <input type="checkbox"/> no
• Cooperates in a group						<input type="checkbox"/> yes <input type="checkbox"/> no
• Able to focus/attend						<input type="checkbox"/> yes <input type="checkbox"/> no
• Responsive						<input type="checkbox"/> yes <input type="checkbox"/> no
• Follows rules						<input type="checkbox"/> yes <input type="checkbox"/> no
• Other						<input type="checkbox"/> yes <input type="checkbox"/> no

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Additional Information/Concerns: _____

Is student currently receiving services via: (circle all that apply)

Title 1 Reading Title 1 Math LEP/ESL Counseling Other

Health Factors:

Vision: _____ Screen Date: _____ Glasses: Y or N Date: _____

Hearing: _____ Screen Date: _____ History of ear infections: Y or N

Developmental problems: Y or N Other: _____

INTERVENTIONS

Please indicate the interventions tried. Refer to Appendix for more interventions. Include the frequency (1 hr/day, 1 hr/week, etc.) and the duration (one week, one month, etc.).

Academic Intervention Tried:	Frequency & Duration	Student Response	Progress
Bilingual Aide			
Active Processing Approaches			
Sheltered Instruction			
Peer Tutors (English)			
Peer Tutors (Native Language)			
Guided Practice			
Supplemental L1 Materials			
ESL Specific to the Content Areas			
Preview Content in L1			
Preview Content in L1 & L2			
Total Physical Response			
Key vocabulary in L1			
Learning Support Services			
Cognitive Learning Strategies			
Other:			

Academic Intervention Tried:	Frequency & Duration	Student Response	Progress
Planned Positive Reinforcement			
Behavioral Contract			
Parent Conferences			
Reduction of Stimuli			
Guidance & Assistance for Parents			
Culturally Appropriate Guided Practice in Expected Behaviors			
Acculturation Strategies			
L1 Counseling Services			
Coping Strategies			
Problem Solving Strategies			
Self Monitoring			
Cross-Cultural Conflict Resolution			
Role Play for Expected Behaviors			
Planned Ignoring			
Other:			

Testing Summary	Score/Level	Date(s)	Tool	Comments
In English Math				
Reading/Writing				
Oral Language				
In Native Language Math				
Reading/Writing				
Oral Language				

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Native Language Interventions To Be Monitored		
Recommendations	Frequency & Duration	Outcome
Acculturation: Content: Behavior: Sociolinguistic Development: Other:		
English Interventions To Be Monitored		
Recommendations	Frequency & Duration	Outcome
Acculturation: Content: Behavior: Sociolinguistic Development: Other:		

ADDITIONAL COMMENTS:

Intervention Team Members

Signatures of those present knowledgeable about these areas:

Administrative Concerns _____

Social Behavior _____

English Performance _____

Health/Development _____

Classroom Performance _____

Community _____

Native Language Performance _____

Special Instructional Needs _____

Acculturation & Adaptation _____

Other Behavior Concerns _____

Other Classroom Concerns _____

Other Learning Concerns _____

Others present at Intervention Team meeting:

Intervention Team Meeting Date:

Acculturation Quick Screen (AQS)

Newcomer
Continuing

ID# / NAME: _____ SCHOOL: _____

DATE OF BIRTH: _____ SEX: _____ GRADE: _____ AGE AT ARRIVAL IN U.S.: _____

LANGUAGE(S) SPOKEN AT HOME: _____

CULTURAL/ENVIRONMENTAL FACTORS	Information	Scores
1. Number of years in U.S./Canada		
2. Number of years in School/District		
3. Number of years in ESL/Bilingual Education		
4. Native Language Proficiency		
5. English Language Proficiency		
6. bilingual Proficiency		
7. Ethnicity/Nation of Origin		
8. % in School Speaking Student's Language/dialect		
AQS Score Total:		
1. NUMBER of YEARS IN U.S./CANADA		
Under one year =.5		Up to five years = 3
Up to two years = 1		Five to six years = 4
Up to four years = 2		Over six years = 5
2. NUMBER of YEARS IN SCHOOL/DISTRICT		
Under one year =.5		Up to five years = 3
Up to two years = 1		Five to six years = 4
Up to four years = 2		Over six years = 5
3. NUMBER of YEARS IN ESL/BILINGUAL PROGRAM		
Up to one year in directed instruction =.5	Between two and two and a half years	= 3
Between one and one and a half years = 1	Between two and a half to four years	= 4
Between one and a half to two years = 2	Over four years	= 5
4. NATIVE LANGUAGE PROFICIENCY		
Does not speak the language =.5	Intermediate social fluency and limited academic	= 3
Has receptive comprehension = 1	Intermediate social and academic fluency	= 4
Limited fluency or social language only = 2	Total social and academic fluency	= 5
5. ENGLISH LANGUAGE PROFICIENCY		
Does not speak the language =.5	Intermediate social fluency and limited academic	= 3
Has receptive comprehension = 1	Intermediate social and academic fluency	= 4
Limited fluency or social language only = 2	Total social and academic fluency	= 5
6. BILINGUAL PROFICIENCY		
Essentially monolingual =.5	Fluent social in one, intermediate social other	= 3
Primarily one, some social in other = 1	Most academic in one, some academic in other	= 4
Limited social in one, intermediate social in other = 2	Bilingual in social and academic language	= 5
7. ETHNICITY/NATIONAL ORIGIN		
American Indian/Native American		
Indigenous Populations/First People =.5	West Asian or Middle Eastern	= 3
Hispanic/Latino/Chicano or Caribbean = 1	Eastern European	= 4
African, East Asian or Pacific Islander = 2	Western European	= 5
8. PERCENT IN SCHOOL SPEAKING STUDENT'S LANGUAGE/DIALECT		
81% - 100% of enrollment =.5	25% - 44% of enrollment	= 3
65% - 80% of enrollment = 1	11% - 24% of enrollment	= 4
45% - 64% of enrollment = 2	0% - 10% of enrollment	= 5
8-16 Significantly less acculturated; 16-21 Less acculturated, 21-29 In transition; 30-35 More acculturated; 35-40 Highly acculturated.		

Refer to the complete protocol for guidance in scoring.

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Sociocultural Resiliency Checklist

Name: _____ Date: _____ Grade: _____

Sociocultural Factors **Selected Cross-Cultural Resiliency Factors**

Culture & Language		There is quality verbal communication in the home in a language other than English.	
		There is behavioral guidance in the home consistent with a specific cultural religious world view	
		The cultural values of the home support cooperative effort.	
		The family maintains communication with their linguistic/cultural community.	
	% Checked:		The family participates regularly in religious/social events within their linguistic/cultural community.
			There is active support in the home for bilingual and bicultural development
		Total	

Acculturation Level	Student attends events within the mainstream community. Student interacts with 'majority' peers or 'majority' cultural group. Student displays consistent sense of locus of control. Student appears comfortable in cross-cultural interactions.
% Checked:	The code-switching in the student's speech shows an emerging understanding of English. Student appears comfortable switching from one linguistic/cultural environment to another.
	Total

Experiential Background	Adults in the home will provide encouragement and support for student's development. Student makes an effort to increase attendance. Adults in family provide for the student's basic needs. Family will provide support for student's learning. Early childhood development was appropriate to culture/language. Student displays curiosity and is ready to learn.
% Checked:	Student has prior classroom or formal education experience. Student has developmentally and linguistically appropriate literacy skills or pre-skills. Student demonstrates variety of survival strategies.
	Total

Socio-linguistic Development	Student has good basic interpersonal communication skills in native language. Student has moderate to good cognitive academic language proficiency in native language. Basic interpersonal communication in English appears to be emergins. Student attempts to translate for others in the classroom. Student demonstrates emerging cognitive academic language proficiency in English. Student seeks assistance from peers.
% Checked:	Code-switching demonstrates emerging English syntax and vocabulary. Student can demonstrate content knowledge in his/her native language.
	Total

Cognitive Learning Style	Student demonstrates consistent cognitive learning strategies. Student responds positively to variations in instructional strategies. Student responds positively to appropriate 'rewards/recognition'. Student can apply cognitive learning strategies when given guided practice.
% Checked:	Student can use self-monitoring strategies. Student can assist others in learning a task.
	Total

The presence of one or more of these five socio-cultural factors contributes to students experiencing success in American public schools. The Sociocultural Resiliency Checklist is designed for strength-based instruction and recommended for early childhood programs. Prevention/intervention instructional plans should build upon identified resiliency. Areas with more than 40% checked provide an instructional foundation. Intervention should be provided in any factor area where less than 40% items are checked before proceeding with a formal referral of students experiencing learning and behavior difficulties. If less than 14 items are checked overall, further assessment and placement decisions must include bilingual and English as a second language instruction, cross-cultural modifications, and assistance with the acculturation process as well as specific learning and behavior interventions.

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Checklist of Language Skills for Use with Limited English Proficient Students

Basic Interpersonal Communicative Skills (BICS)			Cognitive/Academic Language Proficiency (CALP)		
	L ₁ ¹	Eng.		L ₁ ¹	Eng.
A. Listening			A. Listening		
1. Follows classroom directions	<input type="checkbox"/>	<input type="checkbox"/>	1. Follows specific directions for academic tasks according to curriculum guide	<input type="checkbox"/>	<input type="checkbox"/>
2. Points to classroom items	<input type="checkbox"/>	<input type="checkbox"/>	2. Understands vocabulary for academic tasks according to curriculum guide (i.e., word meaning, word synonyms for operations)	<input type="checkbox"/>	<input type="checkbox"/>
3. Distinguishes items according to color shape, size, etc.	<input type="checkbox"/>	<input type="checkbox"/>	3. Understands teacher's discussion and distinguishes main ideas from supportive details	<input type="checkbox"/>	<input type="checkbox"/>
4. Points to people (family relationships)	<input type="checkbox"/>	<input type="checkbox"/>	4. Understands temporal concepts (e.g, do this first, second...)	<input type="checkbox"/>	<input type="checkbox"/>
5. Distinguishes people according to physical and emotional states	<input type="checkbox"/>	<input type="checkbox"/>	5. Distinguishes sounds for reading readiness activities	<input type="checkbox"/>	<input type="checkbox"/>
6. Acts out common school activities	<input type="checkbox"/>	<input type="checkbox"/>	6. Listens to a movie or other audio-visual presentation with academic content	<input type="checkbox"/>	<input type="checkbox"/>
7. Distinguishes environmental sounds	<input type="checkbox"/>	<input type="checkbox"/>			
B. Speaking			B. Speaking		
1. Gives classroom commands to peers	<input type="checkbox"/>	<input type="checkbox"/>	1. Asks/answers specific questions regarding topic discussions	<input type="checkbox"/>	<input type="checkbox"/>
2. Exchanges common greetings	<input type="checkbox"/>	<input type="checkbox"/>	2. Uses academic vocabulary appropriately	<input type="checkbox"/>	<input type="checkbox"/>
3. Names classroom objects	<input type="checkbox"/>	<input type="checkbox"/>	3. Uses temporal concepts appropriately	<input type="checkbox"/>	<input type="checkbox"/>
4. Describes classroom objects according to color, shape, size, etc.	<input type="checkbox"/>	<input type="checkbox"/>	4. Asks for clarification during academic tasks	<input type="checkbox"/>	<input type="checkbox"/>
5. Describes people according to physical and emotional states	<input type="checkbox"/>	<input type="checkbox"/>	5. Expresses reason for opinion	<input type="checkbox"/>	<input type="checkbox"/>
6. Describes what is happening when given an action picture of a Common recreational activity	<input type="checkbox"/>	<input type="checkbox"/>	6. Actively participates in class discussions	<input type="checkbox"/>	<input type="checkbox"/>
7. Appropriately initiates, maintains and responds to a conversation	<input type="checkbox"/>	<input type="checkbox"/>	7. Volunteers to answer questions	<input type="checkbox"/>	<input type="checkbox"/>
8. Recites ABCs, numbers 1-10	<input type="checkbox"/>	<input type="checkbox"/>			
9. Appropriately answers basic questions	<input type="checkbox"/>	<input type="checkbox"/>			
10. Participates in sharing time	<input type="checkbox"/>	<input type="checkbox"/>			

-- Continued --

¹L₁ means first language

Multi-Cultural Handbook (Willamette ESD) February 26, 1996

Checklist of Language Skills for Use with Limited English Proficient Students (Cont.)²

Basic Interpersonal Communicative Skills (BICS)			Cognitive/Academic Language Proficiency (CALP)		
	L ₁ ¹	Eng.		L ₁ ¹	Eng.
C. Reading			C. Reading		
1. Recognizes common traffic safety signs	<input type="checkbox"/>	<input type="checkbox"/>	1. Uses sound symbol association	<input type="checkbox"/>	<input type="checkbox"/>
2. Recognizes familiar advertising logos (e.g., McDonalds).	<input type="checkbox"/>	<input type="checkbox"/>	2. Uses mechanics of spatial skills (i.e. top-to-bottom, left-to-right)	<input type="checkbox"/>	<input type="checkbox"/>
3. Recognizes basic sight words	<input type="checkbox"/>	<input type="checkbox"/>	3. Understands rules of punctuation/capitalization	<input type="checkbox"/>	<input type="checkbox"/>
			4. Understands reading as a process (i.e., speech-print, relations, syllables)	<input type="checkbox"/>	<input type="checkbox"/>
			5. Reads for comprehension		
			6. Follows along during oral reading activity and responds at his turn	<input type="checkbox"/>	<input type="checkbox"/>
			7. Appropriate use of text (i.e. index)	<input type="checkbox"/>	<input type="checkbox"/>
			8. Demonstrates an interest in reading	<input type="checkbox"/>	<input type="checkbox"/>
D. Writing			D. Writing		
1. Writes own name	<input type="checkbox"/>	<input type="checkbox"/>	1. Completes written expression activities according to curriculum guide	<input type="checkbox"/>	<input type="checkbox"/>
2. Writes ABCs, numbers 1-10	<input type="checkbox"/>	<input type="checkbox"/>	a. Completes simple sentence frames	<input type="checkbox"/>	<input type="checkbox"/>
3. Copies shapes	<input type="checkbox"/>	<input type="checkbox"/>	b. Generates simple sentences	<input type="checkbox"/>	<input type="checkbox"/>
			c. Writes from dictation	<input type="checkbox"/>	<input type="checkbox"/>
			d. Writes short paragraph	<input type="checkbox"/>	<input type="checkbox"/>
			2. Transfers fro print to cursive at the appropriate grade level	<input type="checkbox"/>	<input type="checkbox"/>
			3. Understands the mechanics of writing (i.e., lines, top-to-bottom, left-to-right)	<input type="checkbox"/>	<input type="checkbox"/>
			4. Understands the mechanics of writing (i.e., punctuation, paragraphing)		
			5. Demonstrates an interest in writing	<input type="checkbox"/>	<input type="checkbox"/>

² Adapted from: Erickson, J. and Omark, D. Communication Assessment of the Bilingual-Bicultural Child. Baltimore: University Park Press, 1981.

Krashen, S. & Terrel, T. The Natural Approach. California: The Alemany Press, 1983.

Schooling and Language Minority Students: A Theoretical Framework. California State Department of Education, Office of Bilingual Cultural Education, Los Angeles: Evaluation, Dissemination and Assessment Center, California State University, 1981.

Bernhard, Beth, M.A., CCC-SLP, Austin ISD, Texas & Loera, Barbara, M.A., CCC-SLP, Clinical Supervisor, Department of Speech Communication, Program in communication Sciences and Disorders, The University of Texas at Austin.

Multi-Cultural Handbook (Willamette ESD) February 26, 1996.

Classroom Language Interaction Checklist

Name of Student: _____ Date: _____
Completed By: _____ Title: _____

Directions: Please check the skills which you have observed as having been mastered by the above student in Native Language or English, as appropriate

Section 1 BICS (Basic Interpersonal Communicative Skills) – learned through interaction with other speakers and personal experience:

	Native Language	English
1. Follows general directions	_____	_____
2. Acts out common school activities	_____	_____
3. Gives commands to peers	_____	_____
4. Exchanges common greetings	_____	_____
5. Describes objects; describes people	_____	_____
6. Retells a familiar story	_____	_____
7. Initiates and responds to a conversation	_____	_____
8. Appears to attend to what is going on	_____	_____
9. Appropriately answers basic questions	_____	_____
10. Participates in sharing time	_____	_____
11. Narrates a simple story	_____	_____
12. _____	_____	_____

Comments:

Section 2 CALP (Cognitive/Academic Language Proficiency) – learned through academic, structured school instruction and interaction with teachers and peers in the classroom.

	Native Language	English
13. Follows specific directions for academic task.	_____	_____
14. Understands and used academic vocabulary appropriately.	_____	_____
15. Understands teacher’s discussion	_____	_____
16. Distinguishes main ideas from supporting details.	_____	_____
17. Understands and used temporal (first, last, etc.) and spatial (top, bottom, left, etc.) concepts.	_____	_____
18. Uses sound/symbol association.	_____	_____
19. Asks/answers specific questions regarding topic.	_____	_____
20. Asks for clarification during academic tasks.	_____	_____
21. Actively participates in class discussions; volunteers to answer questions.	_____	_____
22. Adds an appropriate ending after listening to a story.	_____	_____
23. Can explain simple instructional tasks to peers.	_____	_____
24. Decodes words.	_____	_____
25. Understands rules of punctuation and capitalization for reading.	_____	_____
26. Follows along during oral reading.	_____	_____
27. Reads for comprehension.	_____	_____
28. Can discuss vocabulary	_____	_____
29. Uses glossary, index, appendix, etc.	_____	_____

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CESC Assessment Plan

Student: _____ Date: _____

SERVICE REQUESTED:

- Full Evaluation Vocational Transition Academic Only
 Occupational Therapy Psychological Only

Referral questions from parents and school to be addressed by an evaluation:

1. _____

2. _____

3. _____

ASSESSMENT AREAS	CHECKLIST	DESCRIPTION OF AREA
Intellectual		To provide information regarding a student's intellectual skills.
Achievement		To provide information regarding a student's academic skills.
Behavioral		To assist in the development of a Behavior Intervention Plan designed to help a student function more effectively at school.
Social – Emotional		To provide information regarding a student's social, emotional and behavioral functioning.
Adaptive Behavior		To provide information regarding a student's skills and competence in meeting their independent needs and social demands of their environment.
Speech/Language Communication		To provide information regarding a student's understanding and expression of speech and language skills.
Language proficiency		To provide information regarding a student's functional skills in both their native language and English.
Motor Skills		To provide information about a student's motor development, sensory, and perceptual skills within educational settings.
Observations		To gather information by observing the student in educational settings.
Vocational Interests/Aptitudes		To provide information about an adolescent's interests and aptitudes as it relates to career development and vocational exploration.
Interviews: Parent, Teacher, Student		To gather information directly from parents, teaches and students.

School Case Manager Signature

Date

Clackamas ESD

Used with permission



School History / File Review

Student: _____ Date: _____

Medical/Health: (checklist)

Hearing Screening: _____ Date: _____ Results: _____

Vision Screening: _____ Date: _____ Results: _____

Are there other medical/health concerns or conditions that might interfere with this student's performance? _____

School History:

School Attendance: (Please attach) _____

Grades: (Please attach) _____

Has this student repeated a grade? _____ What grade? _____

How long have the present concerns been manifested? _____

Native or primary language _____

Assessment Information:

Has this student been identified as having a disability? (date, type and area:) _____

Date of last evaluation: _____

List of previous evaluations: (Please attach copies) _____

List of other agencies involved with this student for evaluation or to provide services: _____

*****PLEASE DO NOT TEST STUDENT BUT REPORT PREVIOUS TESTING*****

Test/Form	Date	Score	Examiner/Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Has this student been through a pre-referral process? Date: _____ (Please Attach)

_____ Does this student have an intervention or behavior plan? Date: _____ (Please Attach)

_____ Does this student have an IEP? Date: _____ (Please Attach)

_____ Past Services Provided: Chapter 1 Speech/Language Adaptive PE Counseling
 Special Education ESL

_____ What does this student do well? _____

Student Intervention Profile

Student: _____

Intervention #1

Beginning Date: _____ Ending Date: _____

Student's Current Grade Level: _____

Classroom: _____ Title I: _____ Bilingual/ESL: _____ Other: _____

Curriculum: _____

Grouping: 1-1: _____ 2-5 Students: _____ 6-15 Students: _____ Other: _____

Frequency: 1x Week: _____ 2x Week: _____ 3x Week: _____ 4x Week: _____

Duration: 15 Min.: _____ 20 Min.: _____ 30 Min.: _____ 40 Min.: _____ Other: _____

Intervention Teacher: _____ Certification: _____

Progress Data: _____

Intervention #2

Beginning Date: _____ Ending Date: _____

Student's Current Grade Level: _____

Classroom: _____ Title I: _____ Bilingual/ESL: _____ Other: _____

Curriculum: _____

Grouping: 1-1: _____ 2-5 Students: _____ 6-15 Students: _____ Other: _____

Frequency: 1x Week: _____ 2x Week: _____ 3x Week: _____ 4x Week: _____

Duration: 15 Min.: _____ 20 Min.: _____ 30 Min.: _____ 40 Min.: _____ Other: _____

Intervention Teacher: _____ Certification: _____

Progress Data: _____

Intervention #3

Beginning Date: _____ Ending Date: _____

Student's Current Grade Level: _____

Classroom: _____ Title I: _____ Bilingual/ESL: _____ Other: _____

Curriculum: _____

Grouping: 1-1: _____ 2-5 Students: _____ 6-15 Students: _____ Other: _____

Frequency: 1x Week: _____ 2x Week: _____ 3x Week: _____ 4x Week: _____

Duration: 15 Min.: _____ 20 Min.: _____ 30 Min.: _____ 40 Min.: _____ Other: _____

Intervention Teacher: _____ Certification: _____

Progress Data: _____

Intervention #4

Beginning Date: _____ Ending Date: _____
Student's Current Grade Level: _____
Classroom: _____ Title I: _____ Bilingual/ESL: _____ Other: _____
Curriculum: _____
Grouping: 1-1: _____ 2-5 Students: _____ 6-15 Students: _____ Other: _____
Frequency: 1x Week: _____ 2x Week: _____ 3x Week: _____ 4x Week: _____
Duration: 15 Min.: _____ 20 Min.: _____ 30 Min.: _____ 40 Min.: _____ Other: _____
Intervention Teacher: _____ Certification: _____
Progress Data: _____

Intervention #5

Beginning Date: _____ Ending Date: _____
Student's Current Grade Level: _____
Classroom: _____ Title I: _____ Bilingual/ESL: _____ Other: _____
Curriculum: _____
Grouping: 1-1: _____ 2-5 Students: _____ 6-15 Students: _____ Other: _____
Frequency: 1x Week: _____ 2x Week: _____ 3x Week: _____ 4x Week: _____
Duration: 15 Min.: _____ 20 Min.: _____ 30 Min.: _____ 40 Min.: _____ Other: _____
Intervention Teacher: _____ Certification: _____
Progress Data: _____

Intervention #6

Beginning Date: _____ Ending Date: _____
Student's Current Grade Level: _____
Classroom: _____ Title I: _____ Bilingual/ESL: _____ Other: _____
Curriculum: _____
Grouping: 1-1: _____ 2-5 Students: _____ 6-15 Students: _____ Other: _____
Frequency: 1x Week: _____ 2x Week: _____ 3x Week: _____ 4x Week: _____
Duration: 15 Min.: _____ 20 Min.: _____ 30 Min.: _____ 40 Min.: _____ Other: _____
Intervention Teacher: _____ Certification: _____
Progress Data: _____
