Appendix 2

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Bilingual/ESOL Department

Special Populations Language Dominance Questionnaire
School Form

This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency and are "unable to be classified." See Procedures for Using the Special Populations Language Dominance Questionnaire.

Student's Name:_____ D.O.B.: _____
Last First Middle

Current School Placement: _____ Grade Level: _____

Length of Time in English-speaking School Setting: _____

Briefly describe the conditions that prevent formal testing: _____

_____

I. INITIAL LANGUAGE CLASSIFICATION RECOMMENDATION:

_____ _____
Name of Language Assessor Date of Assessment

_____ _____
Job Title Location of testing

The Bilingual/ESOL Department Support Service Team Members met on:

_____
Date

English Language Learner (ELL)

Yes _____(ELL code: LY) No _____(ELL CODE: ZZ)

Team Members:

_____ _____

_____ _____

_____ _____

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LSM/sb