GENESEE INTERMEDIATE SCHOOL DISTRICT OFFICE
OF EDUCATION AND LEARNING
CURRICULUM & INSTRUCTION
2413 West Maple Avenue
Flint, Michigan 48507

English as a Second Language
Sara Rainwater, ESL Coordinator
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Teacher Referral Form for Student Participation in
GISD English as a Second Language Program
*****PLEASE FILL IN EVERY AREA CLEARLY*****

District:_____ School:_____

District Student ID Number:_____

Student:_____ Grade:____ Receiving Special Ed Services? YES NO
Last First (circle one)

Gender: ___ Male ___ Female Age: ____

Address:_____
Street Bldg./Apt. # City Zip

Date of Birth:_____ Birthplace:_____

Telephone:_____

Is student considered a refugee? YES NO (circle one) Date student entered U.S. _____

Native Language:_____ Language(s) spoken at home: _____

Mother:_____ Father:_____ Guardian(s):_____

Does the student speak English? YES NO (circle one) Does the student appear fluent in English? YES NO (circle one)

If NO, please complete the following information:

1. **Standardized Test Results:** **(REQUIRED FOR GRADES 4-12)**

Name of test administered:_____ Date test administered:_____

Total Reading/Language Percentile Score*:_____ Total Grade equivalent score (G.E.):_____
(*student not eligible for program if score is over the 40th percentile)

2. **Reading Information:**

Reading level:_____ At grade level? YES NO (circle one)

3. **Other Skill Difficulties (e.g. classroom participation, classroom achievement, social language):**

Reading: _____

Writing:_____

Speaking: _____

Listening: _____

4. **Has the student ever received services by an ESL Program?** YES NO (circle one)

If yes, please explain _____

5. **Teacher Suggestions or Comments:**

_____

_____

Principal's signature:_____ Date:_____

Return this form to: Sara Rainwater, ESL Coordinator, Genesee ISD