

English Speakers of Other Languages (ESOL) Program
Sanford School Department
917 Main Street, Suite 200, Sanford, Maine 04073
Telephone (207) 324 2810 Fax (207) 324 5742
Initial Intake Form

Student Name _____ Date _____

Student Date of Birth _____ Student Age _____ Student Grade _____

Student School _____ Student Classroom/Homeroom Teacher _____

ESOL Teacher _____ Parent/Guardian Name _____

This student is being considered for ESOL screening as a result of:

____ Language Use Survey ____ Parent request/concern ____ Teacher concern

____ Other (please explain) _____

Phone _____ Date of contact with parent/guardian _____

Does this student have siblings who also need to be screened? ____ Yes ____ No

If yes, list sibling names and schools _____

First or other language (s) _____

Language (s) spoken at home _____

Information about language/educational/cultural background and/or concerns _____

Former school (s) _____

Did this student receive ESOL services at former school? ____ Yes ____ No

Dates in ESOL Program _____

Are ACCESS scores available for this student? ____ Yes ____ No

Screening tool: ____ PreLAS ____ W-APT ____ MODEL Date administered _____

Level ____ PreK ____ K ____ 1-2 ____ 3-5 ____ 6-8 ____ 9-12 Score _____

Language Level: ____ 1 Entering ____ 2 Emerging ____ 3 Developing ____ 4 Expanding ____ 5 Bridging

Determination:

____ The student is determined to be an English Learner (EL). An eligibility letter will be sent home. The student will be enrolled in the ESOL Program. The ESOL teacher will form a LAC to develop, (within 30 days) a Personal Learning Plan (PLP) for this student.

____ The student has already attained English language proficiency (ELP) (score of 4.5 on the screener) and does not require ESOL services.

____ Other: _____